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

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY						
DATE RECEIVED	AMOUNT					
02/28/2020	\$ ALLOCATION NUMBER					

Return completed workbook by email to:

coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

_	
A	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
	20192 Barcode Data Filing Period (optional - see instructions)
Accounting Period	
	Instructions:
В	Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner	List any other name or names under which the owner conducts the business of the cable system.
	If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
	Check here if this is the system's first filing. If not, enter the system's ID 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 number)
	TYLER, TX 75701 (City, town, state, zip)
	In the second se
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	IDENTIFICATION OF CABLE SYSTEM:
	FRACKVILLE STATE CORRECTIONAL INSTITUTION
	MAILING ADDRESS OF CABLE SYSTEM:
	(Number, street, rural route, apartment, or suite number)
	(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 suffciency of the fling, a determination that would be made by a court of law.

	2010/2							
Accounting Period:	2019/2	FORM SA1-2E. PAGE 1b.						
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
Name	CEQUEL COMMUNICATIONS LLC	062825						
	Instructions: List each separate community served by the cable system. A "communit							
D	"a separate and distinct community or municipal entity (including unincorporated con							
D	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 k as the "first community." Please use it as the first community on all future filings.							
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the							
Served	identified city.							
	CITY OR TOWN	STATE						
First	FRACKVILLE	PA						
Community	(FRACKVILLE SCI)							
Add Rows as Necessary		011111111111111111111111111111111111111						
		000000000000000000000000000000000000000						
		000000000000000000000000000000000000000						
		010111111111111111111111111111111111111						
		0.00.00.00.00.00.00.00.00.00.00.00.00.0						
		0.00.00.00.00.00.00.00.00.00.00.00.00.0						

Accounting Period: 2019/2

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

062825

E

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

CEQUEL COMMUNICATIONS LLC

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in 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 to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential 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.

BL	OCK 1		BLOCK 2			
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
Service to first set	0	-				
Service to additional set(s)	0	0				
• FM radio (if separate rate)						
Motel, hotel						
Commercial	258	42.53				
Converter						
Residential						
Non-residential						

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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 are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, 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.

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.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	-	Motel, hotel			
 Pay cable—add'l channel 	-	Commercial			
Fire protection		• Pay cable			
•Burglar protection		 Pay cable-add'l channel 			
Installation: Residential		Fire protection			
• First set	-	Burglar protection			
 Additional set(s) 	-	Other services:			
• FM radio (if separate rate)		Reconnect	-		
Converter		Disconnect			
		 Outlet relocation 	-		
		Move to new address	-		

Accounting Period: 2019/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 062825

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, *except* (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 *not* 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 *only* 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. *Do not* 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 (iv) of the general instructions in the paper SA1-2 form.

Column 4: 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.

Add Rows as Necessary

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
WOLF-1	56	<u>l</u>	HAZLETON, PA
WSWB-1	38	<u>l</u>	SCRANTON, PA
WVIA-1	44	E	SCRANTON, PA
WYOU-1	22	N	SCRANTON, PA

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

CEQUEL COMMUNICATIONS LLC

062825

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

- Column 1: Identify the call sign of each station carried.
- Column 2: State whether the station is AM or FM.
- **Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

	T		[T	T		T
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
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Associating Dovin	.d. 2010/2						FORM	A CA1 OF DACE 5
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	TFM·				FURI	SYSTEM ID#
Name								062825
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system casubstitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 for instructions in the paper SA1-2 for instruction and instructions in the paper SA1-2 for instruction and instruction program in the paper SA1-2 for instruction and instruction program in the paper SA1-2 for instruction program in t						tem carried on a ns. For a further A1-2 form. ram x NO gram g is station tion. or	
	to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules was substituted for prograr effect on October 19, 1976	Example: a er "R" if the and regulat nming that	a program car e listed prograr ions in effect d your system w	m was substituted for progr luring the accounting perio as permitted to delete und	:15 p.m. to 6 ramming that d; enter the I ler FCC rules WHE	i:28:30 p.r t your sysi etter "P" i s and regu	m. should be tem was <i>requ</i> f the listed pro- lations in	nired ogram
	S		E PROGRAM		CARRIAGE OCCURRED			7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES — TO	BELLTION

Accounting Period:	2019/2 LEGAL NAME OF OWNER OF CABLE SYSTEM:		1-2E. PAGE /STEM I I
Name	CEQUEL COMMUNICATIONS LLC	ەن 	06282
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 transi (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.	mission service s amount, se	5,023.73
	IMPORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gro	•
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 \$100.00 but less than \$100.00 but less than \$27,600 but less than \$527,600 but	\$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		
	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)	
	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		
	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 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 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# 062825
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.	6
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	45
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 (903) 579-3 Address 3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite number)	3121
	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, but only one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or 	tified
	X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable 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 herein 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)]	e system
	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	

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counting Period: 2019/2				FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CAB	LE SYSTEM:			SYSTEM ID#
QUEL COMMUNICATION	ONS LLC			062825
The Satellite Home Viewer lowing sentence: "In determining the t service of providing	Act of 1988 amended Title 17, section total number of subscribers and the greecondary transmissions of primary its collected from subscribers receiving	on 111(d)(1)(A), of the gross amounts paid to broadcast transmitters	Copyright Act by adding the fol- the cable system for the basic s, the system shall not include sub	Special Statement Concerning Gross Receipts Exclusion
For more information on wh located in the paper SA1-2	nen to exclude these amounts, see th form.	ne note on page (vii) o	f the general instructions	1.000,000 =1.000001
made by satellite carriers to	od, did the cable system exclude any o satellite dish owners?	amounts of gross rec	eipts for secondary transmissions	5
X NO YES. Enter the total he	re and list the satellite carrier(s) belo	w	\$	
Name Mailing Address		Name Mailing Address		
INTEREST ASSESSM	IENT			
•	rksheet for those royalty payments so est assessment, see page (viii) of the			· Q
Line 1 Enter the amount o	f late payment or underpayment			Interest Assessment
			x	
Line 2 Multiply line 1 by the	e interest rate* and enter the sum he	ere	· · · · <u>· </u>	_
			x da	ays
Line 3 Multiply line 2 by the	e number of days late and enter the	sum here	x 0.00274	-
Line 4 Multiply line 3 by 0. in space L, (page 6)	00274** and enter here) block 1, line 2, or block 2 line 8, or b	olock 3 line 6	\$ (interest charge)	
	te chart click on www.copyright.gov/ Division at (202) 707-8150 or licensi	-	pdf. For further assistance pleas	e
** This is the decimal ed	quivalent of 1/365, which is the intere	est assessment for one	e day late.	
,	worksheet covering a statement of ac ss, first community served, ID numbe	•	., .	е
Owner				
Address				
ID number				
First community served				
Accounting period				

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