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.

Г

SA1-2E Short Form

Return completed workbook

STATEME	ΞΝΤ	OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	by email to:
		ansmissions by	DATE RECEIVED	AMOUNT	-
Cable Syste					<u>coplicsoa@copyright.gov</u>
				\$	For additional information, contact the U.S. Copyright
General instru	ctions	are located	02/28/2020		Office Licensing Division at:
in the first tab	of this	workbook		ALLOCATION NUMBER	Tel: (202) 707-8150
					」
Α	ACC	OUNTING PERIOD COVERED E	BY THIS STATEMENT: (Y	YYY/(Period))	
			Partial 4 = January 4 June 20	Devied 2 - July 4 December 24	
		2019/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
			_		
		20192	Barcode Data Filing Period (optiona	I - see instructions)	
Accounting			1		
Accounting Period					
		Instructions:			
Б		Give the full legal name of the owner of th		idiary of another corporation, give the full co	porate title
B		of the subsidiary, not that of the parent co	prporation.		
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	accounting period, only the owner on	the last day of the accounting period should s	ubmit a
		single statement of account and royalty fe	e payment covering the entire accoun	ting period.	
		Check here if this is the system's first filing	. If not, enter the system's ID number	assigned by the Licensing Division.	063044
		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			
		3015 S SE LOOP 323			
		(Number, street, rural route, apartment, or suite no	umber)		
		TYLER, TX 75701 (City, town, state, zip)			
	INST		ess or trade names used to ide	ntify the business and operation of the	e system unless these
С		, 0 ,		e system, if different from the address	5
System	1	IDENTIFICATION OF CABLE SYSTEM:			
		MONTANA STATE PRISON			
		MAILING ADDRESS OF CABLE SYSTEM			
	2	(Number, street, rural route, apartment, or suite n	imber)		
	-	(realized, succe, renarroute, apartment, of suite in			
		(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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	063044
D	Instructions: List each separate community served by the cable system. A "comm "a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that yo as the "first community." Please use it as the first community on all future filings.	communities within unincorporated areas and including single, u list will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobi identified city.	le home parks should be reported in parentheses below the
Gerved		
	CITY OR TOWN	STATE
First Community		MT
Community	(MONTANA STATE PRISON)	
d Rows as Necessary		
	ากการการการการการการการการการการการการกา	

	1							FO		2E. PAGE
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:							
	CEQUEL COMMUNICA	TIONS LLC							(06304
-	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCRIBE	RS AND RATES	5					
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	, , ,	,		,	ist be tr	iose exisi	ing on the		
Service: Sub-	Number of Subscribers: Bot	`		,	, ,	the cab	le system	, broken		
scribers and	down by categories of secondar	y transmission	service. In	general, you car	n compute the	number	of subsc	ribers in		
Rates	each category by counting the n				•	•		charged		
	separately for the particular server Rate: Give the standard rate of							e and the		
	unit in which it is generally billed								е	
	category, but do not include disc									
	Block 1: In the left-hand block	•		-	-					
	systems most commonly provide								ý	
	that applies to your system. Not categories, that person or entity								al	
	subscriber who pays extra for ca								41	
	first set" and would be counted of									
	Block 2: If your cable system	has rate categ	ories for se	condary transmis	ssion service t	nat are	different f	rom those		
	printed in block 1 (for example, 1						,.		ſ	
	with the number of subscribers a sufficient.	and rates, in th	e right-hand	block. A two- oi	r three-word de	escriptio	on of the s	service is		
		OCK 1					BLOCK	2		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATEGORY C			NO. O SUBSCRIE		RATE
	Residential:	SUBSCIUD			GATEGORT		VICL	SUBSCIAL	DEI NO	10411
	Service to first set		0	_						
	Service to additional set(s)		0	0						
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial		37	42.53						
	Converter									
	Residential									
	Non-residential									
	Non residential									
	SERVICES OTHER THAN SEC		NSMISSIC	NS: RATES						
F	In General: Space F calls for ra	•	,	•	•	-			re	
	not covered in space E, that is, the									
Services	service for a single fee. There a furnished at cost or (2) services									
Other Than	amount of the charge and the ur								8,	
Secondary	enter only the letters "PP" in the		-	-	-			-		
ransmissions:	Block 1: Give the standard ra									
Rates	Block 2: List any services tha listed in block 1 and for which a	• •			-					
	brief (two- or three-word) descri		•							
								DI OO	(0	
	CATEGORY OF SERVICE	BLO RATE		Y OF SERVICE	RAT	=	CATEG	BLOC DRY OF SEE		RATE
	Continuing Services:	TUTE		n: Non-resident		-	0/11201		(IIIOE	10112
	• Pay cable	-	• Motel,	notel						
	Pay cable—add'l channel	-	• Comm							
	• Fire protection		• Pay ca							
	•Burglar protection			ole-add'l channe						
	Installation: Residential		• Fire pro							
	• First set	_	•	protection						
	Additional set(s)	• • • • • • • • • • • • • • • • • • • •	Other serv							
			• Reconi			_				
	• FM radio (if separate rate)					-				
	FM radio (if separate rate) Converter									
	• FM radio (if separate rate) • Converter		 Discon 	nect						
	· · · /		• Discon • Outlet			-				

counting Period: 2	2019/2			FORM SA1-2E.	PAGE 3.
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:			EM ID#
Name	CEQUEL COMMUNIC	ATIONS LLC		00	63044
	PRIMARY TRANSMITTERS:	TELEVISION			
G Primary Transmitters: Television	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	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 76.6 explained in the next paragraph. With respect to any distant stations c les, regulations, or authorizations: in space G—but do list it in space I (t	et (1) stations carried only on a part-tin he carriage of certain network program 51(e)(2) and (4))]; and (2) certain stati arried by your cable system on a sub-	ne basis under ns [sections ons carried on a stitute program	
	station was carried only on	a substitute basis. Iso in space I, if the station was carrie	d both on a substitute basis and also	on some other	
	basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on t	n concerning substitute basis stations. 's call sign. <i>Do not</i> report origination with a station according to its over-the	, see page (v) of the general instruction program services such as HBO, ESPI e-air designation. For example, repor	ons. N, etc. Identify each t multistream	
		RC is channel 4 in Washington, D.C.			
		case whether the station is a network ring the letter "N" (for network), "N-M"	•		
	(for independent multicast), For the meaning of these te Column 4: Give the location	"E" (for noncommercial educational), rms, see page (iv) of the general instri n of each station. For U.S. stations, lis lian stations, if any, give the name of t	or "E-M" (for noncommercial educatio uctions in the paper SA1-2 form. t the community to which the station is	nal multicast). s licensed by the	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION	
	KBTZ-1	24	l	BUTTE, MT	
	KBZK-1	7	Ν	BOZEMAN, MT	
ows as Necessary	KTVM-1	6	Ν	BUTTE, MT	
	KUSM-1	9	E	BOZEMAN, MT	
	KWYB-1	18	Ν	BUTTE, MT	

EGAL NAME OF								SYSTEM 0630
	every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) n the basis of a for detailed info aper 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 stat this by placing vive the station	y the sys be recein at the Co sign of e the static ion's sign g a chech n's location	I-Band FM Carriage: Under C item 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 ant this point, see pa ed by the cable he station is licen	eadend, and (2 enna, during c age (v) of the <u>c</u> system as a se sed by the FC	2) it can ertain st jeneral ii 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	
ON LEE GIGIT	7 101 01 1 101	0,0		ONLE CIGIT		C/D		
					+			

Accounting Perio	od: 2019/2						FOR	VI SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	ATIONS L	LC					063044
	SUBSTITUTE CARRIAG			NT AND PROGRAM I C	G			
I I	In General: In space I, ident	-	-			tion that you	ir oabla ava	tom corried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN							
Special	During the accounting per	-			isis anv noni	network tele	vision prog	ram
Statement and		-		fi ourry, on a substitute be	1010, any 11011			
Program Log	broadcast by a distant sta	luon?					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 i	must comple	ete the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI	E PROGRA	AMS					
	In General: List each subs				s wherever p	ossible, if th	eir meanin	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				
				asting the substitute prog		oonood by th		in
	the case of Mexican or Car			the community to which the community with which the			le FCC or,	In
				stem carried the substitute			, with the r	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 tha	t vour syster	n was <i>rea</i> i	ired
	to delete under FCC rules							
	was substituted for program							-9.4
	effect on October 19, 1976							
						N SUBSTI		7. REASON FOR
	5	1			-	AGE OCCL 6. TI		DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM -	– TO	
							-	
						-		
						_	-	
						-	-	
						-	-	
		+						
						-	-	
						-	-	
						-	-	
						_	_	
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# 063044
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 s amount, se	,360.00
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 • 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)	<u>1,319.00</u> 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 more than the transmission of the general instructions in the paper SA1-2 form and the Excel instructions tab for more than the transmission of the general instructions in the paper SA1-2 form and the Excel instructions tab for more than the transmission of transmission of transmission of the transmission of transmission of transmission of transmission of the transmission of transm		

Accounting Period:	2019/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 063044
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	5 35
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) 579-3121
	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 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 hereiare 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)] Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	system as identified vner 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	

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ounting Period: 2019/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
QUEL COMMUNICATIONS LLC	06304
 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	
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
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