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

STATEM	ENT	OF ACCOUNT	FOR COPYRIG	GHT OFFICE USE ONLY	by email to:			
		ansmissions by	DATE RECEIVED	AMOUNT				
-	uctions	Short Form) are located workbook	02/28/2020	\$ ALLOCATION NUMBER	Coplicsoa@copyright.go For additional information, contact the U.S. Copyrigh Office Licensing Division a Tel: (202) 707-8150			
Α	ACC	OUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))				
		2019/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31				
Accounting Period		2019:	2 Barcode Data Filing Period (optiona	al - see instructions)				
В		Instructions: Give the full legal name of the owner of t of the subsidiary, not that of the parent o		sidiary of another corporation, give the full co	orporate title			
Owner		List any other name or names under whic						
		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 filin	ng. If not, enter the system's ID number	r assigned by the Licensing Division.	063269			
		LEGAL NAME OF OWNER/MAILIN	IG ADDRESS OF CABLE SYSTEM	1				
		CEQUEL COMMUNICATIONS LLC						
		BUSINESS NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFEREN	r)				
		SUDDENLINK COMMUNICATIONS MAILING ADDRESS OF OWNER OF						
		3015 S SE LOOP 323	CABLE STSTEM					
		(Number, street, rural route, apartment, or suite TYLER, TX 75701 (City, town, state, zip)	number)					
	INST		ness or trade names used to ide	entify the business and operation of th	ne system unless these			
С				he system, if different from the addres				
System	1	IDENTIFICATION OF CABLE SYSTEM:						
		FLORENCE MCCLURE MAILING ADDRESS OF CABLE SYSTEM	M:					
	2	When the second se						
	2	(Number, street, rural route, apartment, or suite						
		(City, town, state, zip code)						

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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	063269
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	nunity" is the same as a "community unit" as defined in FCC rules: d communities within unincorporated areas and including single, ou list will serve as a form of system identification hereafter known
	Note: Entities and properties such as hotels, apartments, condominiums, or mob	
Area Served	identified city.	
	CITY OR TOWN	STATE
First	NORTH LAS VEGAS	NV
Community	(FLORENCE MCCLURE)	
ld Rows as Necessary		
	กลามและแกกการและแกกการและแกกการและแกกการและแกกการและแกกการและแกกการและแกกการและแกกการและแกกการและแกกการและแกกกา	
	กลามและแกกการและแกกการและแกกการและแกกการและแกกการและแกกการและแกกการและแกกการและแกกการและแกกการและแกกการและแกกกา	

	Ι								1-2E. PAGE
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					SY	STEM ID
	CEQUEL COMMUNICA	TIONS LLC							06326
-	SECONDARY TRANSMISSION	SERVICE: SU	JBSCRIBE	RS AND RATE	ES				
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	, , ,	,				lnose exis	ling on the	
Service: Sub-	Number of Subscribers: Bot	`		,	,	,	ble system	n, broken	
scribers and	down by categories of secondar	•				•			
Rates	each category by counting the n			0,0		•		s charged	
	separately for the particular servert 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	once again unc	ler "Service	e to additional s	et(s)."				
	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 right-han	a block. A two-	or thre	e-wora descript	ion of the	service is	
		OCK 1					BLOCK	< 2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	GORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:	CODOCIND	LIKO		0/112		WICE	CODCONDENCO	TUTE
	Service to first set		0	-					
	Service to additional set(s)		Ŏ	0					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		26	42.53					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISSI	ONS: RATES					
F	In General: Space F calls for ra		,	•		• •			
Г	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 u								
Secondary	enter only the letters "PP" in the	rate column.	-			-		0	
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		,		.u. List				
	CATEGORY OF SERVICE	BLO RATE		RY OF SERVIC	F	RATE	CATEG	BLOCK 2	E RATE
	Continuing Services:	TUTE		n: Non-reside		TUTE	O/ TEO		
	• Pay cable	-	• Motel,						
	• Pay cable—add'l channel	-	• Comm						
	• Fire protection		• Pay ca						
	•Burglar protection			ble-add'l chanr	nel				
	Installation: Residential			otection					
	• First set	-	•	r protection					
	Additional set(s)	-	Other ser	•					
			• Recor						
	• FM radio (if separate rate)			neci					
	 FM radio (if separate rate) Converter 		Discor						
	· · · /		 Discor 	inect					
	· · · /		• Discor • Outlet			-			

unting Period:	2013/2			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF			SYSTEM ID#
	CEQUEL COMMUNIC			063269
G Primary ansmitters: Felevision	PRIMARY TRANSMITTERS: In General: In space G, ide carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, a 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 informatic Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channel of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	TELEVISION entify every television station (including m during the accounting period, <i>except</i> n effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations ca- iles, regulations, or authorizations: e in space G—but do list it in space I (th a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the the form. el number the FCC assigned to the tele RC is channel 4 in Washington, D.C. case whether the station is a network ering the letter "N" (for network), "N-M" ("E" (for noncommercial educational), c erms, see page (iv) of the general instru- n of each station. For U.S. stations, list	t (1) stations carried only on a part-t ne carriage of certain network progra (1(e)(2) and (4))]; and (2) certain sta- arried by your cable system on a sub- the Special Statement and Program I d both on a substitute basis and also see page (v) of the general instruct program services such as HBO, ESF e-air designation. For example, repo- evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indepen- per "E-M" (for noncommercial education of the paper SA1-2 form. the community to which the station	ime basis under ams [sections tions carried on a bostitute program Log)—if the o on some other ions. PN, etc. Identify each ort multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the
	FCC. For Mexican or Cana	dian stations, if any, give the name of th	he community with which the station 3. TYPE OF STATION	4. LOCATION OF STATION
	KINC-1	15		LAS VEGAS, NV
	KLAS-1	8	N	LAS VEGAS, NV
as Necessary	KLVX-1	10	E	LAS VEGAS, NV
,	KSNV-1	3	Ν	LAS VEGAS, NV
	KTNV-1	13	Ν	LAS VEGAS, NV
	KVCW-1	33	I	LAS VEGAS, NV
	KVVU-1	5	l	HENDERSON, NV

	MMUNICA	TIONS	LLC					SYSTEM 0632
	t every radio s	tation ca	arried on a separate and discrent of the second sec					н
eceivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf isignal, indicate Column 4: G	it is carried by monitoring, to prmation abou rm. dentify the call tate whether t the radio stati this by placing sive the station	y the sys be recei t the Co sign of e he statio ion's sign g a check n'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. In is AM or FM. nal was electronically process < 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	
		6,2				0,2		
						·		
						·		
						·		

Accounting Perio	od: 2019/2						FORM	VI SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	ATIONS L	LC					063269
	SUBSTITUTE CARRIAG							
1		-	-			4°		4
•	In General: In space I, ident substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN				general in		ne paper e	
Special		-				ootwork tolo	vicion prog	rom
Statement and	During the accounting per	-	ul cable system	in carry, on a substitute ba	sis, any nom			
Program Log	broadcast by a distant sta	tion?					YES	X NO
	Note: If your answer is "No	", leave the	e rest of this pa	ige blank. If your answer is	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			ate line. Use abbreviations	s wherever p	ossible, if the	eir meaning	g is
	clear. If you need more spa							-
				vision program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor							
	"NBA Basketball: 76ers vs.			ciball. List specific progre		szampic, i L		01
			dcast live, ent	er "Yes." Otherwise enter	'No."			
				asting the substitute prog				
				the community to which th			e FCC or,	in
	the case of Mexican or Car			e community with which the stem carried the substitute			with the r	nonth
	first. Example: for May 7 gi		when your sy		e program. O	se numerais	, wiur uie i	nonun
	. , , ,		e substitute pr	ogram was carried by you	r cable svste	m. List the ti	mes accura	atelv
	to the nearest five minutes.							5
	stated as "6:00–6:30 p.m."							
				n was substituted for prog				
	to delete under FCC rules a was substituted for program							ogram
	effect on October 19, 1976		your system w			s anu regulat		
								1
						N SUBSTIT		
	S	UBSTITUT	E PROGRAM		CARRI	AGE OCCU		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TI		DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	- TO	
						_		
							-	
						_		
							-	
						_		
							-	
						_		
						_		
						_		
							-	
]

Accounting Period:	2019/2	FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
	CEQUEL COMMUNICATIONS LLC	06320
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
	COPYRIGHT ROYALTY FEE	
L 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 th accounting period is \$52.00	is 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 \$137,10	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	
	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 \$527,6	600)
	1. 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	
	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 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# 063269
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 .	7
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) of the legal entity identified as ov in line 1 of space B. (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)] (X /s/ Alan Dannenbaum Enter a 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:	system as identified vner of the cable system
	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
QUEL COMMUNICATIONS LLC	0632
 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 	P Special Statement Concerning Gross Receipts Exclusion
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.	Q
	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
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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