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 COPYRIGH	HT OFFICE USE ONLY	by email to:
	ary Transmissions by	DATE RECEIVED	AMOUNT	
Cable Syste	ems (Short Form)			<u>coplicsoa@copyright.gov</u>
Ormanaliantes	- d'anna ann la sada d		\$	For additional information, contact the U.S. Copyright
	ictions are located of this workbook	02/28/2020		Office Licensing Division at: Tel: (202) 707-8150
			ALLOCATION NUMBER	-
A	ACCOUNTING PERIOD COVERE	D BY THIS STATEMENT: (YY	/YY/(Period))	
	2019/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
	2013/2			
		Deves de Dete Filie e Devie d'autiensi	· · · · · · · · · · · · · · · · · · ·	
	20:	92 Barcode Data Filing Period (optional	- see instructions)	
Accounting Period				
	Instructions:			
В	Give the full legal name of the owner of the subsidiary, not that of the parer		diary of another corporation, give the full co	rporate title
Owner	list any other name or names under w	hich the owner conducts the business of th	he cable system	
		y fee payment covering the entire account	he last day of the accounting period should s ting period.	submit a
	Check here if this is the system's first f	ling. If not, enter the system's ID number a	assigned by the Licensing Division.	063481
	LEGAL NAME OF OWNER/MAIL	ING ADDRESS OF CABLE SYSTEM		
	CEQUEL COMMUNICATIONS LL	2		
	BUSINESS NAME(S) OF OWNER	OF CABLE SYSTEM (IF DIFFERENT))	
	SUDDENLINK COMMUNICATION	S		
	MAILING ADDRESS OF OWNER	OF CABLE SYSTEM		
	3015 S SE LOOP 323 (Number, street, rural route, apartment, or su	to sumber)		
	TYLER, TX 75701	te number)		
	(City, town, state, zip)			
С	INSTRUCTIONS: In line 1, give any but names already appear in space B. In line			
System		:		
	1 LASALLE DETENTION			
	MAILING ADDRESS OF CABLE SYST	EM:		
	2 (Number, street, rural route, apartment, or su	te number)		
	(City, town, state, zip code)			
<u> </u>				

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
	CEQUEL COMMUNICATIONS LLC	06348
D	Instructions: List each separate community served by the cable system. A "commur "a separate and distinct community or municipal entity (including unincorporated or 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.	ommunities within unincorporated areas and including single,
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile	home parks should be reported in parentheses below the
Area Served	identified city.	
	CITY OR TOWN	STATE
First	JENA	LA
Community	(LASALLE DETENTION)	
dd Rows as Necessary		
	านการการการการการการการการการการการการการก	

	การการการการการการการการการการการการการก	
	ากสามารถการการการการการการการการการการการการการก	

	1								SA1-2E. PAC
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					S	YSTEM I
	CEQUEL COMMUNICAT	TIONS LLC							0634
-	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCRIBE	RS AND RATES	s				
E	In General: The information in s								
0	system, that is, the retransmission								
Secondary Transmission	about other services (including particular to a service of the accounting period	<i>,</i> , ,	,				those exis	ting 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 cai	n comp	oute the number	er of subso	ribers in	
Rates	each category by counting the n			•••				s charged	
	separately for the particular serv Rate: Give the standard rate of							ac and the	
	unit in which it is generally billed								
	category, but do not include disc				undure		o within a		
	Block 1: In the left-hand block	t in space E, th	e form lists	the categories of	of seco	ndary transmis	ssion servi	ce that cable	
	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					ervice that are	e different t	from those	
	printed in block 1 (for example, t								
	with the number of subscribers a	and rates, in th	e right-han	l block. A two- o	or three	-word descript	ion of the	service is	
	sufficient.	OCK 1					BLOC	(2	
		NO. OF			OATE			NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CATE	GORY OF SEF	RVICE	SUBSCRIBER	S RAT
	Service to first set		0						
			0	-					
	Service to additional set(s)		U	0					
	• FM radio (if separate rate)								
	Motel, hotel		40	42.52					
	Commercial Converter		12	42.53					
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISSIC	NS: RATES					
F	In General: Space F calls for ra	te (not subscril	per) informa	tion with respec	ct to all	your cable sys	stem's serv	vices that were	
Г	not covered in space E, that is, t								
Services	service for a single fee. There al furnished at cost or (2) services								
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the			· · · · · · · · · · · · · · · · · · ·				- 3 ,	
ransmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that listed in block 1 and for which a	• •			-	-			
	brief (two- or three-word) description		,		i. List ti	nese other ser	vices in th	e form of a	
				or cach.			1		
		BLO			- 1	DATE		BLOCK 2	
	CATEGORY OF SERVICE Continuing Services:	RATE		Y OF SERVICE		RATE	CATEG	ORY OF SERVI	CE RAT
	• Pay cable	_	• Motel,		liai				
	- ray cable	-	• Comm						
	• Pay cable add'l channel		• Pay ca						
	Pay cable—add'l channel Fire protection		- ray ca	JIE					
	Fire protection		• Day or	hle_add'l channe	al				
	Fire protection Burglar protection			ble-add'l channe	el				
	Fire protection Burglar protection Installation: Residential		• Fire pr	otection	el				
	 Fire protection Burglar protection Installation: Residential First set 	-	• Fire pr • Burgla	ptection protection	el				
	 Fire protection Burglar protection Installation: Residential First set Additional set(s) 	- -	• Fire pr • Burgla Other serv	protection protection rices:	el				
	 Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 	· · · · · · · · · · · · · · · · · · ·	• Fire pr • Burgla Other serv • Recon	otection protection r ices: nect		_			
	 Fire protection Burglar protection Installation: Residential First set Additional set(s) 		• Fire pr • Burgla Other serv • Recon • Discon	otection protection rices: nect nect	el				
	 Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 	· · · · · · · · · · · · · · · · · · ·	 Fire provide the service of the service of	otection protection r ices: nect					

	1			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF			SYSTEM ID# 063481
	CEQUEL COMMUNIC			063481
G Primary Transmitters: Television	carried by your cable syster FCC rules and regulations i 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 statior multicast stream associated "WETA-2" as the same on t 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 te Column 4: Give the location	entify every television station (including m during the accounting period, except 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 of les, regulations, or authorizations: a in space G—but do list it in space I (f a substitute basis. also in space I, if the station was carried on concerning substitute basis stations of's call sign. <i>Do not</i> report origination d with a station according to its over-th	t (1) stations carried only on a part-the carriage of certain network progra 51(e)(2) and (4))]; and (2) certain state arried by your cable system on a sub- the Special Statement and Program and 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 indep- or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station	ime basis under ams [sections tions carried on a postitute program Log)—if the p on some other ions. PN, etc. Identify each ort multistream the air in its community in noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KARD-1	14	1	WEST MONORE, LA
	KNOE-1	8	Ν	MONROE, LA
dd Rows as Necessary				,
•	KTVE-1	10	Ν	EL DORADO, AR
				EL DORADO, AR Image:
				EL DORADO, AR Image:

LEGAL NAME OI								SYSTEM 0634
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: G	it is carried b monitoring, to prmation abourn. dentify the call tate whether to the radio stat this by placing sive the station	y the sys be recein the Co l sign of the static tion's sig g a chec n's locati	I-Band FM Carriage: Under C stem whenever it is received a ived at the headend, with the 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 he station is licens	adend, and (2 enna, during c ge (v) of the g ystem as a se sed by the FC	2) it can ertain st eneral i eparate	be expected, rated intervals. Instructions 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	
						·		
							·	
		J						

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					063481
	SUBSTITUTE CARRIAG)G			
I I	In General: In space I, ident	-	-			tion that you	r cable eve	tem 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 prod	ram
Statement and		-		in ourry, on a substitute be	loio, any nom			
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	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		oonood by th	a FCC ar	in
	the case of Mexican or Car			the community to which the community with which the			e 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	6:28:30 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 systen	n was <i>rea</i> i	ired
	to delete under FCC rules							
	was substituted for program							-9.4
	effect on October 19, 1976							
						N SUBSTIT		7. REASON FOR
	5	1				AGE OCCU 6. TII		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		1				

Accounting Period:	2019/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	YSTEM ID# 063481
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	³ ,150.42
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 accounting period is \$52.00	this 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	<u>\$</u>	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	<u>.</u>	
	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 #	Ι	
	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 the second		

Accounting Period:	2019/2					FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER					SYSTEM ID# 063481
M Channels	 to its subscribers, and (2) 1. Enter the total number system carried television 2. Enter the total number on which the cable system 	2) the cable system's t er of channels on which on broadcast stations er of activated channel stem carried television	otal number of activated chains in the cable	annels during the a		25
N Individual to Be Contacted	we can contact about th	is statement of accour	IER INFORMATION IS NEE nt.)	EDED (Identify an in		
for Further Information		AH BOGUE			Telephone	(903) 579-3121
	(Numb	5 S SE LOOP 323 er, street, rural route, apart ER, TX 75701 own, state, zip)				
	Email	SARAH.BOGU	E@ALTICEUSA.COM		Fax (optional)	
O Certification	I, the undersigned, here (Owner other (Agent of own in line 1 of X (Officer or pr in line 1 of • I have examined the sta	eby certify that (Check of than corporation or p ner other than corpora f space B and that the of artner) I am an officer (f space B. atement of account and correct to the best of my	one, <i>but only one</i> , of the boxe partnership) I am the owner ation or partnership) I am th owner is not a corporation or (if a corporation) or a partner hereby declare under penalty y knowledge, information, and	es.) of the cable system ne duly authorized a partnership; or (if a partnership) of (if a partnership) of ty of law that all state d belief, and are may	Copyright Office regulations) as identified in line 1 of space gent of the owner of the cable the legal entity identified as o ements of fact contained here de in good faith.	B; or system as identified wner of the cable system
			X /s/ Alan Dani	e on the line above to		-
		Typed or printed Title: (Title of o	d name: ALAN DANI SVP, PROGRAMMI fficial position held in corporation	NG		
		Date:			02/18/2020	

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ounting Period: 2019/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
QUEL COMMUNICATIONS LLC	06348
 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 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	
	n
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 Assessmen
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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmer
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 Assessmer
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