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	HT OFFICE USE ONLY	by email to:	
	ary Transmissions by	DATE RECEIVED	AMOUNT		
Cable Systems (Short Form) General instructions are located in the first tab of this workbook		\$ 02/28/2020		Coplicsoa@copyright.gov For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150	
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period)) Period 2 = July 1 - December 31		
Accounting Period	20192	Barcode Data Filing Period (optiona	I - see instructions)		
<b>B</b> Owner	of the subsidiary, not that of the parent of List any other name or names under whic	orporation. h the owner conducts the business of t			
	Check here if this is the system's first filin	ee payment covering the entire account			
	LEGAL NAME OF OWNER/MAILIN	G 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 r TYLER, TX 75701	number)			
	(City, town, state, zip)				
С	<b>INSTRUCTIONS:</b> In line 1, give any busir names already appear in space B. In line				
System	IDENTIFICATION OF CABLE SYSTEM:			given in spuce D.	
e yetem	1 ROCKBRIDGE REGIONAL	JAIL			
	MAILING ADDRESS OF CABLE SYSTEM	1:			
	2 (Number, street, rural route, apartment, or suite r	umber)			
	(City, town, state, zip code)				
Privacy Act Notic	e: Section 111 of title 17 of the United States Code au	ithorizes the Convight Office to collect t	ne personally identifying information (PII) require	ostad on thic	

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 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#
	CEQUEL COMMUNICATIONS LLC Instructions: List each separate community served by the cable system. A "communit	
D	"a separate and distinct community or municipal entity (including unincorporated con discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list	nmunities within unincorporated areas and including single,
	as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho	ome parks should be reported in parentheses below the
Area Served	identified city.	
	CITY OR TOWN	STATE
First		VA
Community	(ROCKBRIDGE REGIONAL JAIL)	
dd Rows as Necessary		
	การกระบบการก	

	LEGAL NAME OF OWNER OF C								1-2E. PAGE STEM IC
Name								010	
Е	SECONDARY TRANSMISSION In General: The information in s					ry transmission	service of t	he cable	
-	system, that is, the retransmission			-		•			
Secondary	about other services (including p					•			
Transmission	last day of the accounting period							-	
Service: Sub-	Number of Subscribers: Both						,	,	
scribers and Rates	down by categories of secondar	•				•			
Rales	each category by counting the n separately for the particular service							charged	
	Rate: Give the standard rate of							ge and the	
	unit in which it is generally billed					ard rate variation	s within a l	particular rate	
	category, but do not include disc								
	Block 1: In the left-hand block			-		•			
	systems most commonly provide that applies to your system. <b>Not</b>								
	categories, that person or entity			•		•			
	subscriber who pays extra for ca	able service to	additiona	I sets would I	be include	d in the count ur	der "Servi	ce to the	
	first set" and would be counted of								
	Block 2: If your cable system	-		•					
	printed in block 1 (for example, t with the number of subscribers a					,		, 0	
	sufficient.	and fales, in th	e nym-na		wo-or the	ee-word descript		Service is	
		OCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATI	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RATI
	Residential:								
	Service to first set		0	-					
	<ul> <li>Service to additional set(s)</li> </ul>		0	0					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		12	42.53					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC								
F	In General: Space F calls for ra								
•	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 ur								
Secondary	enter only the letters "PP" in the					-		-	
Transmissions:	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) descrip		•		ISHCU. LISU				
		BLO					CATECO	BLOCK 2 DRY OF SERVICE	RATE
		1	CATEC			DATE			
	CATEGORY OF SERVICE	RATE		ORY OF SER		RATE	0,11201		
	Continuing Services:	1	Installa	ion: Non-res		RATE			
	Continuing Services: • Pay cable	1	Installat • Mote	t <b>ion: Non-res</b> el, hotel		RATE			
	Continuing Services: • Pay cable • Pay cable—add'l channel	1	Installat • Mote • Com	t <b>ion: Non-res</b> el, hotel mercial		RATE			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	1	Installat • Mote • Com • Pay	i <b>on: Non-res</b> el, hotel mercial cable	idential	RATE			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	1	Installat • Mote • Com • Pay • Pay	i <b>on: Non-res</b> el, hotel mercial cable cable-add'l cl	idential	RATE			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential	1	Installat • Mote • Corr • Pay • Pay • Fire	tion: Non-res el, hotel mercial cable cable-add'l cl protection	<b>idential</b>	RATE 4			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set	1	Installat • Mote • Com • Pay • Pay • Fire • Burg	ion: Non-res el, hotel mercial cable cable-add'l cl protection lar protection	<b>idential</b>	RATE			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	1	Installat • Mote • Com • Pay • Pay • Fire • Burg Other s	ion: Non-res el, hotel mercial cable cable-add'l cl protection lar protection ervices:	<b>idential</b>	RATE			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	1	Installat • Mote • Com • Pay • Pay • Fire • Burg Other so	ion: Non-res il, hotel mercial cable cable-add'l cl protection lar protection ervices: onnect	<b>idential</b>	RATE			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	1	Installat • Mote • Corr • Pay • Pay • Fire • Burg Other s • Reco • Disc	ion: Non-res il, hotel mercial cable cable-add'l cl protection lar protection ervices: onnect onnect	<b>idential</b>	RATE			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	1	Installat • Mote • Corr • Pay • Pay • Fire • Burg Other so • Reco • Disc • Outl	ion: Non-res il, hotel mercial cable cable-add'l cl protection lar protection ervices: onnect	nannel	RATE			

me	LEGAL NAME OF OWNER OF			0//07514
				SYSTEM
	CEQUEL COMMUNICA			
	PRIMARY TRANSMITTERS: 1			
3		tify every television station (including to during the accounting period, except (		,
		effect on June 24, 1981, permitting the		
ry	76.59(d)(2) and (4), 76.61(e)	(2) and (4), or 76.63 (referring to 76.61		
ters:		explained in the next paragraph. With respect to any distant stations car	rried by your cable system on a s	substitute program
ion		es, regulations, or authorizations:	Theo by your cable system on a s	
	• Do not list the station here	in space G—but do list it in space I (the	e Special Statement and Program	m Log)—if the
	station was carried only on a	substitute basis. so in space I, if the station was carried	hoth on a substitute basis and a	ulso on some other
		concerning substitute basis stations, s		
		s call sign. Do not report origination pr	-	-
	"WETA-2" as the same on th	with a station according to its over-the- e form.	-air designation. For example, re	eport multistream
		number the FCC assigned to the telev	vision station for broadcasting ov	er the air in its community
		C is channel 4 in Washington, D.C.		
		ase whether the station is a network s ng the letter "N" (for network), "N-M" (fo		
		E" (for noncommercial educational), or	,, (	
	For the meaning of these terr	ms, see page (iv) of the general instruc	ctions in the paper SA1-2 form.	
		of each station. For U.S. stations, list t an stations, if any, give the name of the		
	1 00.1 of Mexican of Canadi	an stations, if any, give the name of the		
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WBRA-1	15	Е	ROANOKE, VA
	WDBJ-1	7	N	ROANOKE, VA
sary	WFXR-1	27		ROANOKE, VA
	WSET-1	13	N	
	WSLS-1	10	N	ROANOKE, VA

LEGAL NAME OF								SYSTEM
	every radio s	station ca	rried on a separate and discre					н
eceivable if (1) on the basis of i For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If signal, 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 ive the statior	y the sys be recein at the Co sign of e the statio ion's sign g a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on t each station carried. In is AM or FM. hal 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:	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st eneral ii eparate a	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	

Accounting Perio	u. 2013/2						FORI	VI SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	ATIONS L	LC					0
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LO	)G			
	In General: In space I, ident	tifv everv no	nnetwork telev	ision program, broadcast b	v a distant sta	tion that vo	our cable svs	tem carried on a
-	substitute basis during the a							
Substitute	explanation of the programm	ning that mu	st be included	in this log, see page (v) of	the general ins	structions ir	the paper S	A1-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	<ul> <li>During the accounting per</li> </ul>	riod, did you	ur cable syster	n carry, on a substitute ba	asis, any nonr	network tel	<u>evisi</u> on prog	ram
Program Log	broadcast by a distant sta	ition?					YES	× NO
	-		reat of this no	an block if your opower	a "Vaa" vau			
	Note: If your answer is "No	, leave the	e rest of this pa	ige blank. If your answer i	s res, your	nust comp	lete the prog	gram
	log in block 2. 2. LOG OF SUBSTITUTI		Me					
	In General: List each subs			ate line. Use abbreviation	s wherever n	ossible ift	heir meanin	n is
	clear. If you need more spa				o wherever p	0001010, 11 0		<b>J</b> 10
	Column 1: Give the title	of every no	onnetwork tele	vision program ("substitut				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor							
	"NBA Basketball: 76ers vs.		Jues of Dask	etball. List specific progra		szampie, i	LOVE LUCY	01
			dcast live, ent	er "Yes." Otherwise enter	"No."			
				asting the substitute prog				
	Column 4: Give the broat the case of Mexican or Car			the community to which th			the FCC or,	in
				stem carried the substitut			ls with the r	nonth
	first. Example: for May 7 gi		when your by		e program. O			lionar
	Column 6: State the tim	es when the		ogram was carried by you				ately
	to the nearest five minutes.	. Example: a	a program car	ried by a system from 6:0	1:15 p.m. to 6	:28:30 p.m	. should be	
	stated as "6:00–6:30 p.m."	tor "P" if the	listed program	n was substituted for prog	ramming that	vour evet	m was roou	uired
					nanning ula	. your sysic		
						etter "P" if	the listed pr	odram
	to delete under FCC rules a was substituted for program	and regulati	ions in effect d	uring the accounting period	od; enter the l			ogram
	to delete under FCC rules	and regulati	ions in effect d	uring the accounting period	od; enter the l			ogram
	to delete under FCC rules a was substituted for program	and regulati	ions in effect d	uring the accounting period	od; enter the l der FCC rules	and regul	ations in	ogram
	to delete under FCC rules a was substituted for prograr effect on October 19, 1976	and regulati mming that <u>y</u>	ions in effect d your system w	luring the accounting perions as permitted to delete uno	bd; enter the l der FCC rules WHE	and regul	ations in TUTE	
	to delete under FCC rules a was substituted for prograr effect on October 19, 1976 S	and regulati	ions in effect d your system w E PROGRAM	luring the accounting perions as permitted to delete uno	od; enter the l der FCC rules WHE CARRI	and regul	TUTE	7. REASON FOR DELETION
	to delete under FCC rules a was substituted for prograr effect on October 19, 1976	and regulati mming that <u>y</u>	ions in effect d your system w	luring the accounting perions as permitted to delete uno	bd; enter the l der FCC rules WHE	N SUBST	ations in TUTE	7. REASON FOR
	to delete under FCC rules a was substituted for prograr effect on October 19, 1976 S	and regulation ming that you the state of th	ions in effect d your system w E PROGRAM 3. STATION'S	luring the accounting periods as permitted to delete und	WHE CARRI 5. MONTH	N SUBST	TUTE URRED	7. REASON FOR
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Accounting Period:	2019/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SY	STEM ID# 0
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 transit (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 amount, se	, <b>970.00</b> ss receipts)
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 \$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)		
	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 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		OWNER OF CABLE SYSTEM: MMUNICATIONS LLC	SYSTEM ID#
M Channels	<ol> <li>to its subscribe</li> <li>1. Enter the to system carrie</li> <li>2. Enter the to on which the</li> </ol>	You must give (1) the number of channels on which the cable system carried tell rs, and (2) the cable system's total number of activated channels during the act al number of channels on which the cable d television broadcast stations	counting period.
N Individual to Be Contacted		O BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an ind about this statement of account.)	lividual to whom
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	I, the undersig     (Ow     (Age     i     X     (Off     i     i     I have examinare true, complete	I (This statement of account must be certified and signed in accordance with C ned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) her other than corporation or partnership) I am the owner of the cable system a nt of owner other than corporation or partnership) I am the duly authorized age in line 1 of space B and that the owner is not a corporation or partnership; or icer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the line 1 of space B. ed the statement of account and hereby declare under penalty of law that all staterete, and correct to the best of my knowledge, information, and belief, and are made tion 1001(1986)]	is identified in line 1 of space B; or ent of the owner of the cable system as identified he legal entity identified as owner of the cable system ments of fact contained herein
		Enter an electronic signature on the line above to o Enter signature using an "/s/ signature" (e.g., /s/ Jo	
		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.

unting Period: 2019/2	FORM SA1-2E. PAGE 8.
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
QUEL COMMUNICATIONS LLC	0
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 fol- lowing 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 sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross Receipts Exclusion
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	_
Name     Name       Mailing Address     Mailing Address	
	mm
INTEREST ASSESSMENT	
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
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