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

STATEME	ENT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	by email to:
for Seconda	ry Transmissions by	DATE RECEIVED	AMOUNT	
General instru	ms (Short Form) ctions are located of this workbook	9/1/2020	\$ ALLOCATION NUMBER	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: (YY	'YY/(Period))	
	2020/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
	20201	Barcode Data Filing Period (optional	- see instructions)	
Accounting Period				
В	Instructions: Give the full legal name of the owner of th of the subsidiary, not that of the parent co		diary of another corporation, give the full corpo	rate title
Owner	List any other name or names under which	the owner conducts the business of th	ne cable system.	
	If there were different owners during the a single statement of account and royalty fe	- · · ·	he last day of the accounting period should sub ing period.	mit a
	Check here if this is the system's first filing	. If not, enter the system's ID number a	assigned by the Licensing Division.	030748
	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 no	umber)		

 

 TYLER, TX 75701 [City, town, state, zip)

 C
 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
 1
 IDENTIFICATION OF CABLE SYSTEM: SHAMROCK, TX

 MAILING ADDRESS OF CABLE SYSTEM:
 MAILING ADDRESS OF CABLE SYSTEM:

 VNumber, street, rural route, apartment, or suite number)
 (City, town, state, zip code)

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 filing, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Nume	CEQUEL COMMUNICATIONS LLC	030748
D	Instructions: List each separate community served by the cable system. A "communit "a separate and distinct community or municipal entity (including unincorporated cor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis as the "first community." Please use it as the first community on all future filings.	nmunities within unincorporated areas and including single, t will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile he identified city.	ome parks should be reported in parentheses below the
		CTATE .
First	CITY OR TOWN SHAMROCK	STATE TX
ommunity		
an Nananana.		
Necessary		

									SA1-2E. P	
Name								3	030	
	CEQUEL COMMUNICA									
-	SECONDARY TRANSMISSION	I SERVICE: SU	IBSCRIB	ERS AND RA	TES					
E	In General: The information in s			-		•				
Secondary	system, that is, the retransmissi about other services (including p									
Transmission	last day of the accounting period							ing on the		
Service: Sub-	Number of Subscribers: Bot						ole system	, broken		
scribers and	down by categories of secondar	•				•				
Rates	each category by counting the n							charged		
	separately for the particular server <b>Rate:</b> Give the standard rate of							be 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. <b>Not</b> categories, that person or entity			-		-				
	subscriber who pays extra for ca					0,				
	first set" and would be counted of									
	Block 2: If your cable system	-		•						
	printed in block 1 (for example, 1									
	with the number of subscribers a sufficient.	and rates, in the	e right-hai	nd block. A tw	o- or thre	e-word descript	on of the s	service is		
		OCK 1					BLOCK	(2		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE		RATE	CAT	EGORY OF SEF		NO. OF SUBSCRIBEF		AT
	Residential:	SUBSCRIBE	LKO	NATE	CAT	EGORT OF SEP	VICE	SUBSCRIBE		
	Service to first set		47	34.99						
	Service to additional set(s)			04.00						
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial		13	45.95						
	Converter			-0.00						
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	ONS: RATES	3					
F	In General: Space F calls for ra	te (not subscrib	oer) inforn	nation with re	spect to a	ll your cable sys	tem's serv	vices that were		
Г	not covered in space E, that is, t									
Services	service for a single fee. There a furnished at cost or (2) services	•			•		0.			
Other Than	amount of the charge and the ur									
	enter only the letters "PP" in the		acaany 2			anged on a ran		og.am sacio,		
Secondary	enter only the letters PP in the									
Secondary ransmissions:	Block 1: Give the standard ra	te charged by t								
	Block 1: Give the standard ra Block 2: List any services tha	te charged by t t your cable sys	stem furni	shed or offere	ed during	the accounting	period that			
ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a	te charged by t t your cable sys separate charg	stem furni e was ma	shed or offerended or offerended or establis	ed during	the accounting	period that			
ransmissions:	Block 1: Give the standard ra Block 2: List any services tha	te charged by t t your cable sys separate charg	stem furni e was ma	shed or offerended or offerended or establis	ed during	the accounting	period that			
ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descri	te charged by ti t your cable sys separate charg ption and includ BLOC	stem furni le was ma le the rate CK 1	shed or offere de or establis e for each.	ed during shed. List	the accounting p these other ser	period that vices in the	e form of a BLOCK 2		
ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descri CATEGORY OF SERVICE	te charged by ti t your cable sys separate charg ption and includ BLOC RATE	stem furni le was ma le the rate CK 1 CATEGC	shed or offere ade or establis for each.	ed during shed. List /ICE	the accounting	period that vices in the	e form of a		ATI
ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	te charged by ti t your cable sys separate charg ption and incluc BLOC RATE	stem furni le was ma le the rate CK 1 CATEGC Installati	shed or offere de or establis of for each. RY OF SER\ on: Non-resi	ed during shed. List /ICE	the accounting p these other ser	period that vices in the	e form of a BLOCK 2		ATI
ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	te charged by ti t your cable sys separate charg ption and incluc BLOC RATE 17.00	stem furni le was ma le the rate CK 1 CATEGC Installati • Motel	shed or offere ade or establis of for each. RY OF SER\ on: Non-resi	ed during shed. List /ICE	the accounting p these other ser	period that vices in the	e form of a BLOCK 2		ATI
ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	te charged by ti t your cable sys separate charg ption and incluc BLOC RATE	tem furni le was ma le the rate CK 1 CATEGC Installati • Motel • Comr	shed or offere de or establis for each. RY OF SER\ on: Non-resi , hotel nercial	ed during shed. List /ICE	the accounting p these other ser	period that vices in the	e form of a BLOCK 2		AT
ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection	te charged by ti t your cable sys separate charg ption and incluc BLOC RATE 17.00	stem furni e was ma le the rate CK 1 CATEGC Installati • Motel • Comr • Pay c	shed or offere de or establis for each. RY OF SER\ on: Non-resi , hotel nercial able	ed during shed. List /ICE dential	the accounting p these other ser	period that vices in the	e form of a BLOCK 2		ATI
ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection • Burglar protection	te charged by ti t your cable sys separate charg ption and incluc BLOC RATE 17.00	stem furni le was ma le the rate CK 1 CATEGC Installati • Motel • Comr • Pay c • Pay c	shed or offere de or establis for each. RY OF SER\ on: Non-resi , hotel nercial able able-add'l ch	ed during shed. List /ICE dential	the accounting p these other ser	period that vices in the	e form of a BLOCK 2		ATI
ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection • Burglar protection Installation: Residential	te charged by ti t your cable sys separate charg ption and includ BLOC RATE 17.00 19.00	stem furni e was ma le the rate CK 1 CATEGC Installati • Motel • Comr • Pay c • Pay c • Fire p	shed or offere de or establis e for each. RY OF SER\ on: Non-resi , hotel nercial able able-add'l cha rotection	ed during shed. List /ICE dential	the accounting p these other ser	period that vices in the	e form of a BLOCK 2		AT
ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	te charged by ti t your cable sys separate charg ption and includ BLOC RATE 17.00 19.00 99.00	stem furni e was ma de the rate <u>CK 1</u> <u>CATEGC</u> <b>Installati</b> • Motel • Comr • Pay c • Pay c • Fire p • Burgl	shed or offere de or establis e for each. RY OF SER\ on: Non-resi , hotel nercial able able-add'l cha rotection ar protection	ed during shed. List /ICE dential	the accounting p these other ser	period that vices in the	e form of a BLOCK 2		AT
ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s)	te charged by ti t your cable sys separate charg ption and includ BLOC RATE 17.00 19.00 99.00	stem furni e was ma le the rate CK 1 CATEGC Installati • Motel • Comr • Pay c • Pay c • Fire p • Burgl Other se	shed or offere de or establis e for each. RY OF SER\ on: Non-resi , hotel nercial able able-add'I cha rotection ar protection <b>rvices:</b>	ed during shed. List /ICE dential	the accounting p these other ser	period that vices in the	e form of a BLOCK 2		AT
ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE 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)	te charged by ti t your cable sys separate charg ption and includ BLOC RATE 17.00 19.00 99.00	stem furni e was ma de the rate CK 1 CATEGC Installati • Motel • Comr • Pay c • Pay c • Fire p • Burgl Other se • Reco	shed or offere de or establis a for each. RY OF SERV on: Non-resi , hotel nercial able able-add'l cha rotection ar protection rvices: nnect	ed during shed. List /ICE dential	the accounting p these other ser	period that vices in the	e form of a BLOCK 2		ATI
ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s)	te charged by ti t your cable sys separate charg ption and includ BLOC RATE 17.00 19.00 99.00	stem furni e was ma de the rate CK 1 CATEGC Installati • Motel • Comr • Pay c • Pay c • Fire p • Burgl Other se • Reco • Disco	shed or offere de or establis for each. RY OF SERV on: Non-resi , hotel nercial able able-add'I cha rotection ar protection rvices: nnect nnect	ed during shed. List /ICE dential	the accounting p these other sen RATE 40.00	period that vices in the	e form of a BLOCK 2		AT
ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE 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)	te charged by ti t your cable sys separate charg ption and includ BLOC RATE 17.00 19.00 99.00	stem furni e was ma de the rate <u>CK 1</u> <u>CATEGC</u> Installati • Motel • Comr • Pay c • Pay c • Fire p • Burgl Other se • Reco • Disco	shed or offere de or establis a for each. RY OF SERV on: Non-resi , hotel nercial able able-add'l cha rotection ar protection rvices: nnect	ed during shed. List /ICE dential	the accounting p these other ser	period that vices in the	e form of a BLOCK 2		AT

counting Period: 2	2020/1			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
Name	CEQUEL COMMUNIC	ATIONS LLC		030748
<b>G</b> Primary ransmitters: Television	carried by your cable syster FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as <b>Substitute Basis Stations</b> basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on	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: e in space G—but do list it in space I (t	t (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- he Special Statement and Program L	ne basis under ns [sections ons carried on a stitute program og)—if the
	Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channel of license. For example, With Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	n concerning substitute basis stations 's call sign. <i>Do not</i> report origination with a station according to its over-th he form. I number the FCC assigned to the tele RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M" "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	program services such as HBO, ESPI e-air designation. For example, report evision station for broadcasting over the station, an independent station, or a (for network multicast), "I" (for independent or "E-M" (for noncommercial education uctions in the paper SA1-2 form. It the community to which the station is	N, etc. Identify each t multistream ne air in its community noncommercial ndent), "I-M" nal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KAMR-1	4	Ν	AMARILLO, TX
	KCIT-4	14.4	l	AMARILLO, TX
s as Necessary	KETA-1	13	E	OKLAHOMA CITY, OK
	KFDA-1	10	Ν	AMARILLO, TX
	KVII-1	7	N	AMARILLO, TX

LEGAL NAME OF								SYSTEM 030
	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 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 abou rm. Mentify the call tate whether t the radio stati this by placing sive the station	y the sys be recein to the Co sign of e the static ion's sign g a chech n's location	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 th	t the system's he system's FM ant this point, see pa ed by the cable s he station is licen	eadend, and (2 enna, during c ige (v) of the <u>c</u> system as a se sed by the FC	2) it can ertain st jeneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
		-	the community with which the			0.12		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	od: 2020/1						FORM	VI SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	ATIONS L	LC					030748
	SUBSTITUTE CARRIAG	E: SPECIA		NT AND PROGRAM I C	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				Ŭ			
Special	During the accounting per	-			isis anv noni	network telev	rision nroa	ram
Statement and		-		frouny, on a substitute be	1010, any 11011			
Program Log	broadcast by a distant sta	lion?					YES	× NO
	Note: If your answer is "No	", 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							
	In General: List each subs clear. If you need more spa				s wherever p	ossible, if the	eir meaning	g is
				vision program ("substitute	e program") t	hat during th		ina
	period, was broadcast by a							
	under certain FCC rules, re							
	Do not use general categor		ovies" or "bask	etball." List specific progra	am titles, for e	example, "I L	ove Lucy"	or
	"NBA Basketball: 76ers vs.		depart live ant	er "Yes." Otherwise enter	"No."			
				asting the substitute prog				
				the community to which th		censed by th	e FCC or,	in
	the case of Mexican or Car	nadian stati	ons, if any, the	e community with which the	e station is id	entified).		
			when your sy	stem carried the substitute	e program. U	se numerals,	with the n	nonth
	first. Example: for May 7 gi		o oubotituto pr	ogram was carried by you	r ochlo ovoto	m lict the ti		ataly
	to the nearest five minutes.							atery
	stated as "6:00-6:30 p.m."		a program our					
				n was substituted for prog				
	to delete under FCC rules							ogram
	was substituted for programe ffect on October 19, 1976		your system w	as permitted to delete und	ler FCC rules	s and regulat	ions in	
		•						
						N SUBSTIT		
	S		E PROGRAM		-	AGE OCCU		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH AND DAY	6. TIN		DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAT	FROM -	- TO	
							<u>.</u>	
						_		
						_		
							-	·
						_		
						_		

Accounting Period:	<b>2020/1</b> FG	ORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 030748
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission (as identified in space E) during the accounting period. For a further explanation of how to compute this amount 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.	service
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 \$263,80 • 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.	(
	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 this six-m accounting period is \$52.00	onth
	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 \$137,100)	
	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)	0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	0.00
	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) \$ 1,319	.00
	6. Interest charge. Enter the amount from line 4, space Q, page 8	.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)	.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 Copyr See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more inform	

Accounting Period:	2020/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 030748
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
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 RODNEY HASKINS Telephone	(903) 579-3152
	Address     3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite number)       TYLER, TX 75701 (City, town, state, zip)       Email     RODNEY.HASKINS@ALTICEUSA.COM     Fax (optional)	
<b>O</b> 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 (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable (Agent of space B and that the owner is not a corporation or partnership) of the legal entity identified as ow 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 ow 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 hereir 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)]  More Target Target Target Target Target Target Target T	system as identified /ner of the cable system
	Title: SVP, PROGRAMMING (Title of official position held in corporation or partnership)	
	Date: 8/14/2020	

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.

ounting Period: 2020/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
QUEL COMMUNICATIONS LLC	03074
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:</li> <li>"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."</li> <li>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.</li> <li>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?</li> <li>NO</li> <li>YES. Enter the total here and list the satellite carrier(s) below.</li> </ul>	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.	0
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
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