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

	ENT OF ACCOUNT	FOR COPYRIGHT	OFFICE USE ONLY	Return completed workbook by email to:
	ary Transmissions by ams (Short Form)	DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov
General instru	of this workbook	9/1/2020	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YYY	(Y/(Period))	
	2020/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
	20201	Barcode Data Filing Period (optional -	see instructions)	

		Barcode Data Filing Period (optional - see instructions)
Accounting Period		
		Instructions:
В		Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		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 filing. If not, enter the system's ID number assigned by the Licensing Division.
		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 number)
		TYLER, TX 75701 (City, town, state, zip)
С		UCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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		IDENTIFICATION OF CABLE SYSTEM:
-	1	CENTER, TX
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the 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	00367
	Instructions: List each separate community served by the cable system. A "	
D	"a separate and distinct community or municipal entity (including unincorpo	
_	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community t as the "first community." Please use it as the first community on all future to the second seco	
	Note: Entities and properties such as hotels, apartments, condominiums, or	
Area	identified city.	mobile nome parks should be reported in parentneses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	CENTER	TX
Community	SAN AUGUSTINE	TX
· · · · · · · · · · · · · · · · ·		
1.0		
d Rows as Necessary		

	LEGAL NAME OF OWNER OF C							FORM SA1	TEM IC
Name			•					515	00367
Е	SECONDARY TRANSMISSION								
	In General: The information in s								
Secondary	system, that is, the retransmissi about other services (including p								
Transmission	last day of the accounting period								
Service: Sub-	Number of Subscribers: Bot	-					•		
scribers and	down by categories of secondar								
Rates	each category by counting the n separately for the particular serv	•	<i>,</i>	0 , (,	charged	
	Rate: Give the standard rate of							ge and the	
	unit in which it is generally billed	· ·	,		/ standa	rd rate variation	s within a p	particular rate	
	category, but do not include disc					an dan strananis		a that askis	
	Block 1: In the left-hand block systems most commonly provide	•		•					
	that applies to your system. Not								
	categories, that person or entity	should be cou	nted as a	a subscriber in e	ach app	licable category	. Example:	a residential	
	subscriber who pays extra for ca					d in the count ur	nder "Servi	ce to the	
	first set" and would be counted of Block 2: If your cable system					convice that are	difforant f	rom those	
	printed in block 1 (for example, 1	-		•					
	with the number of subscribers a						,		
	sufficient.		-						
	BLO	OCK 1 NO. OF	- T				BLOCK	X 2 NO. OF	1
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATE	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT
	Residential:								
	 Service to first set 		348	34.99					
	 Service to additional set(s) 								
	 FM radio (if separate rate) 								
	Motel, hotel								
	Commercial		50	45.95					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC								
-	In General: Space F calls for ra				pect to a	Il your cable sys	stem's serv	rices that were	
F	not covered in space E, that is, t	those services	that are	not offered in co	mbinatio	on with any seco	ondary tran	smission	
. .	service for a single fee. There a	•		•			• • • •		
Services Other Than	furnished at cost or (2) services amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		usualiy	blice. If any face	3 410 01	larged on a van		ogram basis,	
ransmissions:	Block 1: Give the standard ra	te charged by t							
Rates	Block 2: List any services that	• •			-	-			
	listed in block 1 and for which a brief (two- or three-word) description		•		ied. List	these other ser	vices in the	e form of a	
	CATEGORY OF SERVICE	BLO RATE		ORY OF SERVI	<u></u>	RATE	CATECO	BLOCK 2 DRY OF SERVICE	RATE
	Continuing Services:	INAL		tion: Non-resid			CATEGO		
	• Pay cable	17.00		el, hotel					
	• Pay cable—add'l channel	19.00		mercial					•
	• Fire protection		-	cable					
	•Burglar protection			cable-add'l char	nnel				
	Installation: Residential			protection					
	First set	99.00		lar protection					
	Additional set(s)			ervices:					
	• FM radio (if separate rate)			onnect		40.00			
	• Converter			onnect					1
	• Conventer								
	• Converter					25.00			
	Converter		• Outl	et relocation e to new addres	s	25.00 99.00			

ccounting Period: 2	2020/1			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
Name	CEQUEL COMMUNIC	ATIONS LLC		003675
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable system	ntify every television station (including n during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting t	t (1) stations carried only on a part-ti	me basis under
Primary	0)(2) and (4), or 76.63 (referring to 76.6	a . a	
nsmitters: elevision	Substitute Basis Stations:	explained in the next paragraph. With respect to any distant stations c les, regulations, or authorizations:	arried by your cable system on a sub	stitute program
		in space G—but do list it in space I (t	he Special Statement and Program I	.og)—if the
	basis. For further informatio	Iso in space I, if the station was carrie n concerning substitute basis stations. 's call sign. <i>Do not</i> report origination	, see page (v) of the general instructi	ons.
	multicast stream associated "WETA-2" as the same on t	with a station according to its over-the form.	e-air designation. For example, repo	rt multistream
	of license. For example, WI	I number the FCC assigned to the tele RC is channel 4 in Washington, D.C. case whether the station is a network	C C	
		ring the letter "N" (for network), "N-M"	•	
		"E" (for noncommercial educational),		onal multicast).
		rms, see page (iv) of the general instru n of each station. For U.S. stations, lis		is licensed by the
	FCC. For Mexican or Canac	lian stations, if any, give the name of t	he community with which the station	is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KLTS-1	24	Е	SHREVEPORT, LA
	KMSS-1	33	I	SHREVEPORT, LA
as Necessary	KPXJ-1	21	I	MINDEN, LA
	KSHV-1	45	I	SHREVEPORT, LA
	KTAL-1	6	Ν	TEXARKANA, TX
	KTBS-1	3	Ν	SHREVEPORT, LA
	KTRE-1	9	Ν	LUFKIN, TX
	КҮТХ-1	19	Ν	NACOGDOCHES, TX

LEGAL NAME OF								SYSTEM 003
	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 tem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which 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
		-				<u>8/D</u>		
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	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	ATIONS L	LC					003675
	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				0		• •	
Special	During the accounting per	-			sis anv non	network telev	vision nroa	ram
Statement and		-		frouny, on a substitute be	515, any 11611			
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 ı	must comple	te the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI							
	In General: List each subs				s wherever p	ossible, if the	eir meaning	g is
	clear. If you need more spa			vision program ("substitute	program") t	hat during th		ina
	period, was broadcast by a							
	under certain FCC rules, re							
	Do not use general categor	ries like "mo						
	"NBA Basketball: 76ers vs.			() () () () () () () () () ()				
				er "Yes." Otherwise enter " casting the substitute prog				
				the community to which th		censed by th	e FCC or	in
	the case of Mexican or Car						010001,	
	Column 5: Give the more	nth and day		stem carried the substitute			with the n	nonth
	first. Example: for May 7 gi							
				ogram was carried by you				ately
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example:	a program car	ned by a system from 6.0	1:15 p.m. to c	5.26.30 p.m.	should be	
		er "R" if the	listed prograr	n was substituted for prog	ramming that	t your systen	n was <i>requ</i>	iired
	to delete under FCC rules							
	was substituted for program		your system w	as permitted to delete und	ler FCC rules	and regulat	ions in	
	effect on October 19, 1976							
					\//HE	N SUBSTIT		
	s	UBSTITUT	E PROGRAM	1		AGE OCCU		7. REASON FOR
	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 -	- то	
						_		
							-	
						_		
							-	
						_		
							-	
						_		
							-	
							_	
						_		
						_		
							·	

Accounting Period:	2020/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SI	YSTEM ID# 003675
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	8,934.54
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(See page (vi) of the general instructions located in the paper SA1-2 form for more information.	\$263,80(
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for t accounting period is \$52.00	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	\$	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)	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:	2020/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 003675
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 .	8
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)	
O	 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.) 	
Gertineation	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space	B; or
	 (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as 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 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)] 	vner of the cable system
	Enter an 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: ALAN DANNENBAUM Title: SVP, PROGRAMMING (Title of official position held in corporation or partnership)	
	Date: 8/14/2020	

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ounting Period: 2020/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEMI
QUEL COMMUNICATIONS LLC	00367
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? NO YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
Name Name Mailing Address Mailing Address	
You must complete this worksheet for those rovalty payments submitted as a result of a late payment or underpayment.	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	
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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	

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