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 Tra	ansmissions by	DATE RECEIVED	AMOUNT	-
Cable Syste General instru in the first tab	ctions	are located	9/1/2020 ALLOCATION NUMBER		coplicsoa@copyright.gov For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACC	2020/1	BY THIS STATEMENT: (Y) Period 1 = January 1 - June 30	YYY/(Period)) Period 2 = July 1 - December 31	
Accounting Period		20201	Barcode Data Filing Period (optional	- see instructions)	
B Owner		of the subsidiary, not that of the parent co List any other name or names under which	rporation. In the owner conducts the business of the accounting period, only the owner on the e payment covering the entire account	he last day of the accounting period should s ing period.	
		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		
		(Number, street, rural route, apartment, or suite nu	umber)		
		(City, town, state, zip)			
С				tify the business and operation of the system, if different from the address	
System		IDENTIFICATION OF CABLE SYSTEM:	z, give the mailing address of the	e system, il different from the address	
	1	ROCKDALE, TX			
	_	MAILING ADDRESS OF CABLE SYSTEM			
	2	(Number, street, rural route, apartment, or suite nu	umber)		
		(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 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 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#
Nume	CEQUEL COMMUNICATIONS LLC	037025
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. Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho	mmunities within unincorporated areas and including single, It will serve as a form of system identification hereafter known
Area Served	identified city.	ome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	ROCKDALE	TX
mmunity		
ecessary		
lecessal y		

	1								1-2E. PAGE
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					SY	
	CEQUEL COMMUNICAT	TIONS LLC							03702
-	SECONDARY TRANSMISSION	I SERVICE: SU	JBSCRIBE	RS AND RAT	ES				
Ε	In General: The information in s								
Secondary	system, that is, the retransmission about other services (including particular services)								
Transmission	last day of the accounting period								
Service: Sub-	Number of Subscribers: Bot						ble system	n, broken	
scribers and	down by categories of secondar	•							
Rates	each category by counting the n separately for the particular service							s charged	
	Rate: Give the standard rate of							ge and the	
	unit in which it is generally billed	-						-	
	category, but do not include disc								
	Block 1: In the left-hand block	•		Ũ		•			
	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	-		•					
	printed in block 1 (for example, t with the number of subscribers a					,		, 0	
	sufficient.		e nym-nan			e-word descript		Service is	
		OCK 1					BLOC	<2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	GORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:				-		-		
	Service to first set		414	34.99					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		16	45.95					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISSI	ONS: RATES					
F	In General: Space F calls for ra		,	•					
Г	not covered in space E, that is, t								
Services	service for a single fee. There al furnished at cost or (2) services	•		•			0 (,	
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		-	-		-		-	
ransmissions:	Block 1: Give the standard rate								
Rates	Block 2: List any services that listed in block 1 and for which a								
	brief (two- or three-word) description		,		cu. List				
	CATEGORY OF SERVICE	BLO RATE		RY OF SERVIO	~⊏	RATE	CATEG	BLOCK 2 ORY OF SERVICE	RATE
	Continuing Services:	INAL		n: Non-reside	-	IVAIL	CAILO	ORT OF SERVICE	
	Pay cable	17.00	• Motel,		Jinnai				
		19.00	• Comm						
			• Pay ca						
	• Pay cable—add'l channel	15.00							
	Pay cable—add'l channel Fire protection	13.00		ble-add'l chan	nel				
	 Pay cable—add'l channel Fire protection Burglar protection 	13.00	• Pay ca	able-add'l chan	nel				
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential 		• Pay ca • Fire p	otection	nel				
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set 	99.00	• Pay ca • Fire pi • Burgla	otection r protection	nel				
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) 	99.00	• Pay ca • Fire pl • Burgla Other ser	otection r protection vices:	nnel	40.00			
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 	99.00	• Pay ca • Fire pi • Burgla Other ser • Recor	otection r protection vices: nect	nel	40.00			
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) 	99.00	• Pay ca • Fire pi • Burgla Other ser • Recor • Discor	otection r protection vices: nect nnect	nel				
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 	99.00	• Pay ca • Fire pu • Burgla Other ser • Recor • Discor • Outlet	otection r protection vices: nect		40.00 25.00 99.00			

ccounting Period: 2	2020/1			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
	CEQUEL COMMUNIC			037025
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 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 station multicast stream associated "WETA-2" as the same on the Column 2: Give the channel of license. For example, WI Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these te Column 4: Give the location	ntify every television station (including in during the accounting period, <i>excep</i> in 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: in space G—but do list it in space I (f a substitute basis. Iso in space I, if the station was carrien in concerning substitute basis stations 's call sign. <i>Do not</i> report origination with a station according to its over-th	of (1) stations carried only on a part-tin the carriage of certain network program 51(e)(2) and (4))]; and (2) certain stati arried by your cable system on a sub- the Special Statement and Program L ed both on a substitute basis and also , see page (v) of the general instruction 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. t the community to which the station is	me basis under ms [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t multistream he 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
	KCEN-1	6	N	TEMPLE, TX
	KEYE-1	42	N	AUSTIN, TX
d Rows as Necessary	KLRU-1	18	E	AUSTIN, TX
	KNCT-1	46	l	BELTON, TX
	KTBC-1	7	I	AUSTIN, TX
	KWKT-1	44	I	WACO, TX
	KWTX-1	10	Ν	WACO, TX
	KXXV-1	25	N	WACO, TX
	KYLE-1	28		BRYAN, TX

EGAL NAME OF								SYSTEM 037(
	every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf isignal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether to the radio stat this by placing vive the station	y the sys be recein the Co sign of of the static ion's sign g a chech n's locati	I-Band FM Carriage: Under C stem whenever it is received a ived 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 the	t the system's he system's FM ante his point, see pa ed by the cable s e station is licen:	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	?) it can ertain st eneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
			the community with which the			C/D		
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					037025
	SUBSTITUTE CARRIAG							
1		-	-					town convict on a
•	In General: In space I, ident substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN				ine general in		ine paper e	
Special		-				notwork tolo	vision prog	rom
Statement and	During the accounting per	-	ul cable system	in carry, on a substitute ba	isis, any nom			
Program Log	broadcast by a distant sta	tion?					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				s wherever p	ossible, if the	eir meaning	g is
	clear. If you need more spa				program") t	hot during t		ina
	period, was broadcast by a			vision program ("substitute rour cable system substitut				
	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.			(b) () () () () () () () () ()				
				er "Yes." Otherwise enter casting the substitute prog				
				the community to which th		censed by th	ne FCC or	in
	the case of Mexican or Car							
	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 e	5:26:30 p.m.	should be	
		er "R" if the	listed prograr	n was substituted for prog	ramming tha	t your syster	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	s and regula	tions in	
	effect on October 19, 1976							
					W/HE	N SUBSTIT		
	s	UBSTITUT	E PROGRAM	1		AGE OCCL		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	
						_	-	
							-	
							_	,
						_	_	
							-	
							_	
						_	-	
							-	
						-	-	
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							-	
							-	
							-	
							-	
1	I		r	1		r		

Accounting Period:	2020/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SI	STEM ID# 037025
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 amount, se	,325.61
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		
	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		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	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		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	EFT Trace # or TRANSACTION ID #	[
	Important: Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo		

Accounting Period:	2020/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 037025
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	9
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 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	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as or 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 here 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)] 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:	B; or system as identified wner of the cable system
	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:	SYSTEM II
QUEL COMMUNICATIONS LLC	03702
 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	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
	Q Interest Assessmer
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 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
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