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

STATEME	ENT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
	ry Transmissions by ms (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
General instru	ctions are located of this workbook	9/1/2020	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A	2020/1	BY THIS STATEMENT: (YY Period 1 = January 1 - June 30 Barcode Data Filing Period (optional	Period 2 = July 1 - December 31	
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 cor	porate title
Owner	List any other name or names under which	the owner conducts the business of th	e cable system.	
	If there were different owners during the a single statement of account and royalty fe	.	ne last day of the accounting period should sing period.	ubmit a

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)
•	INSTR	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
		s 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:
	-	RIFLE CORRECTIONAL FACILITY
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)

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040673

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	040673
	Instructions: List each separate community served by the cable system. A "comm	
Р	"a separate and distinct community or municipal entity (including unincorporated	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that yo	
	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 mobil	
Area	identified city.	
Served		
	CITY OR TOWN	STATE
First	RIFLE	СО
Community	(RIFLE CORR)	
d Rows as Necessary		

	T							FORM SA1	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:						TEM ID
	CEQUEL COMMUNICA	TIONS LLC							04067
-	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCRIBE	RS AND RATI	ES				
E	In General: The information in s								
Secondary	system, that is, the retransmission about other services (including provide the services)								
Transmission	last day of the accounting period	<i>,</i> , ,	,		,				
Service: Sub-	Number of Subscribers: Bot						ble system	ı, broken	
scribers and	down by categories of secondar	•				•			
Rates	each category by counting the n							s charged	
	separately for the particular server 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	•		-		•			
	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	has rate categ	ories for se	condary transr	nission	service that are	different	from those	
	printed in block 1 (for example, 1								
	with the number of subscribers a sufficient.	and rates, in th	e right-han	d block. A two-	or thre	e-word descript	ion of the s	service is	
		OCK 1					BLOCK	< 2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	САТ	EGORY OF SEF		NO. OF SUBSCRIBERS	RATE
	Residential:	SUBSCRIB	LING		CAIL		(VICL	SUBSCRIBERS	
	Service to first set		0	_					
	Service to additional set(s)		0	0					
	• FM radio (if separate rate)		Ŭ						•
	Motel, hotel								•
	Commercial		25	40.71					•
	Converter		23	40.71					••••••
	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 a furnished at cost or (2) services								
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the	rate column.				-		0	
ransmissions:	Block 1: Give the standard ra								
Rates	Block 2: List any services tha listed in block 1 and for which a	• •			-	-			
	brief (two- or three-word) descri		•		eu. List	these other ser			
		BLO		RY OF SERVIC		DATE		BLOCK 2	
	CATEGORY OF SERVICE Continuing Services:	RATE		n: Non-reside		RATE	CATEGO	ORY OF SERVICE	RATE
	Continuing Dervices.		• Motel,		muai				
	• Pay cable		• Comm						
	Pay cable Pay cable add'l channel	-							
	• Pay cable—add'l channel		-	blo					
	Pay cable—add'l channel Fire protection		• Pay ca		nel				
	 Pay cable—add'l channel Fire protection Burglar protection 	-	• Pay ca • Pay ca	ble-add'l chan	nel				
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential 	-	• Pay ca • Pay ca • Fire pr	ble-add'l chan otection	nel				
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set 		• Pay ca • Pay ca • Fire pr • Burgla	ible-add'l chan otection r protection	nel				
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) 		• Pay ca • Pay ca • Fire pr • Burgla Other ser	ble-add'l chan otection r protection vices:	nel				
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 		 Pay ca Pay ca Fire pr Burgla Other ser Recondition 	ble-add'l chan otection r protection vices: nect	nel	· · · · · · · · · · · · · · · · · · ·			
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) 		• Pay ca • Pay ca • Fire pr • Burgla Other ser • Recon • Discor	ble-add'l chan otection r protection vices: nect inect	nel				
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 		• Pay ca • Pay ca • Fire pr • Burgla Other ser • Recon • Discor • Outlet	ble-add'l chan otection r protection vices: nect					

counting Period:	2020/1			FORM SA1-2E. PAC	3E 3.
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM	
Hume	CEQUEL COMMUNIC	ATIONS LLC		0406	573
	PRIMARY TRANSMITTERS:				
G Primary ransmitters:	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e	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 s explained in the next paragraph.	<i>t</i> (1) stations carried only on a part-ti he carriage of certain network progra	me basis under ms [sections	
elevision	Substitute Basis Stations: basis under specific FCC ru	With respect to any distant stations c les, regulations, or authorizations: in space G—but do list it in space I (i			
	station was carried only on		ine Special Statement and Program L		
	basis. For further informatio Column 1: List each station	Iso in space I, if the station was carrie n concerning substitute basis stations 's call sign. <i>Do not</i> report origination with a station according to its over-th	, see page (v) of the general instruction program services such as HBO, ESP	ons. N, etc. Identify each	
	"WETA-2" as the same on the Column 2: Give the channed	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	station, an independent station, or a	noncommercial	
		ring the letter "N" (for network), "N-M"			
	For the meaning of these te	"E" (for noncommercial educational), rms, see page (iv) of the general instr	uctions in the paper SA1-2 form.	,	
		n of each station. For U.S. stations, lis lian stations, if any, give the name of	2		
	T CC. T OF MEXICAN OF Canac	ian stations, il any, give the hame of		is identified.	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION	
	KBDI-1	12	E	BROOMFIELD, CO	
	KCEC-1	14	I	DENVER, CO	
as Necessary	KCNC-1	4	Ν	DENVER, CO	
	KDVR-1	31	I	DENVER, CO	
	KMGH-1	7	N	DENVER, CO	
	KUSA-1	9	Ν	DENVER, CO	
				•	

LEGAL NAME OF								SYSTEM 0400
	every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If ignal, indicate t Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stati this by placing ive the statior	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 (tem whenever it is received a ved at the headend, with the pyright Office regulations on each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante this point, see pa ed by the cable s he station is 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 ii eparate :	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	
CALL SIGN		3/0	LOCATION OF STATION	CALL SIGN		3/D	LOCATION OF STATION	

Accounting Perio							FOR	M SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF							SYSTEM ID#
Name	CEQUEL COMMUNICA	ATIONS L	LC					040673
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LC	G			
I I	In General: In space I, ident	-	-			tion that vo	ur 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 t	he general in	structions in	the paper S	A1-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	riod, did you	ur cable syster	n carry, on a substitute ba	isis, any noni	network tele	evision prog	ram
Program Log	broadcast by a distant sta	tion?					YES	× NO
	-		reat of this no	an blank If your analyses i	- "Vee " veu	∟ noust somen	-	
	Note: If your answer is "No	, leave the	e rest of this pa	ige blank. If your answer is	s res, you	must comp	ete the prog	gram
	log in block 2. 2. LOG OF SUBSTITUTI		Me					
	In General: List each subs			ate line. Use abbreviation	s wherever n	ossihle iftl	neir meanin	n is
	clear. If you need more spa				s wherever p	0001010, 11 1		9 10
	Column 1: Give the title	of every no	onnetwork tele	vision program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor							
	"NBA Basketball: 76ers vs.			erban. List specific progra		example, i	LOVE LUCY	01
	_		dcast live, ent	er "Yes." Otherwise enter	"No."			
				asting the substitute prog				
				the community to which th			the FCC or,	in
	the case of Mexican or Car Column 5: Give the more			stem carried the substitute			s with the r	nonth
	first. Example: for May 7 gi		when you by		o program. O		o, with the f	lionar
	Column 6: State the tim	es when th		ogram was carried by you				ately
	to the nearest five minutes.	Example:	a program car	ried by a system from 6:01	1:15 p.m. to 6	6:28:30 p.m	. should be	
	stated as "6:00–6:30 p.m."	or "P" if the	listed program	n was substituted for prog	ramming that	t vour evete	m was roou	ired
	to delete under FCC rules							
	was substituted for program							ogram
	effect on October 19, 1976					-		
							титс	
	s		E PROGRAM	1		N SUBSTI		7. REASON FOR
		2. LIVE?	3. STATION'S		5. MONTH	1	IMES	DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							_	
							_	
					·			
							_	
							_	
							 -	
							<u> </u>	
							_	
							_	
							_	
							_	

Accounting Period:	2020/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	YSTEM ID# 040673
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	o <mark>,164.46</mark>
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(See page (vi) of the general instructions located in the paper SA1-2 form for more information.	\$263,80(
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	this six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	· · \$	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 me		

Accounting Period:	2020/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 040673
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 value of activated stations and nonbroadcast services	6
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	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 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)] Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	system as identified wner of the cable system
	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:	SYSTEM
QUEL COMMUNICATIONS LLC	0406
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 su scribers 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	ub- Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpaymen For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	nt. Q
	Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
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
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	Interest Assessme
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	Lays
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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	Interest Assessme

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