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 COPYRIGH	IT OFFICE USE ONLY	by email to:
	ry Transmissions by	DATE RECEIVED	AMOUNT	
	ms (Short Form)			<u>coplicsoa@copyright.gov</u>
			\$	For additional information, contact the U.S. Copyright
General instru	ctions are located			Office Licensing Division at:
in the first tab	of this workbook	9/1/2020	ALLOCATION NUMBER	Tel: (202) 707-8150
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	YYY/(Period))	
		Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
	2020/1	renou i - January i - June Ju	Fendu z – July 1 - December 31	
		-		
	20202	Barcode Data Filing Period (optional	- see instructions)	
Accounting				
Period				
	Instructions:			
В	_		diary of another corporation, give the full co	rporate title
D	of the subsidiary, not that of the parent of	corporation.		
Owner	List any other name or names under whic	ch the owner conducts the business of th	ne cable system.	
			he last day of the accounting period should s	ubmit a
	single statement of account and royalty f	ee payment covering the entire account	ing period.	040676
	Check here if this is the system's first filin	g. If not, enter the system's ID number a	assigned by the Licensing Division.	040676
	LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM		
	CEQUEL COMMUNICATIONS LLC			
	BUSINESS NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFERENT)	)	
	SUDDENLINK COMMUNICATIONS MAILING ADDRESS OF OWNER OF			
	3015 S SE LOOP 323	CABLE STSTEM		
	(Number, street, rural route, apartment, or suite	number)		
	TYLER, TX 75701			
	(City, town, state, zip)			
С	<b>INSTRUCTIONS:</b> In line 1, give any busin names already appear in space B. In line			
System	IDENTIFICATION OF CABLE SYSTEM:	-		
	1 DELTA CORRECTIONAL F	ACILITY CNTR		
	MAILING ADDRESS OF CABLE SYSTEM	И:		

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 suffciency of the fing, a determination that would be made by a court of law.

(Number, street, rural route, apartment, or suite number)

2

(City, town, state, zip code)

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Humo	CEQUEL COMMUNICATIONS LLC	04067
	Instructions: List each separate community served by the cable system. A "	
D	"a separate and distinct community or municipal entity (including unincorp	
_	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	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or	r mobile nome parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	DELTA	СО
Community	(DELTA CORR CNTR)	
d Rows as Necessary		

	LEGAL NAME OF OWNER OF C								1-2E. PAGE STEM IC
Name								510	04067
Е	SECONDARY TRANSMISSION							h	
	In General: The information in s system, that is, the retransmission								
Secondary	about other services (including p								
Transmission	last day of the accounting period	d (June 30 or D	ecember	31, as the cas	se may be	e).		0	
Service: Sub-	Number of Subscribers: Bot	•					2		
scribers and	down by categories of secondar								
Rates	each category by counting the n separately for the particular serv	•	<i>,</i>	0 , (				cnarged	
	Rate: Give the standard rate of							ge and the	
	unit in which it is generally billed	l. (Example: "\$	20/mth").	Summarize ar	ny standa	rd rate variation	s within a	particular rate	
	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	able service to	additiona	I sets would be	e includeo	d in the count ur	Ider "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								
	sufficient.		e ngnt-ne		0-01 1110				
	BLO	OCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RATI
	Residential:	COBCONID	LING	TUTE	0/11		(TIOE	COBCONDENCO	
	Service to first set		0	-					
	Service to additional set(s)		Ō	-					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		18	40.71					
	Converter								
	Residential								
	Non-residential								
									•
	SERVICES OTHER THAN SEC								
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		,		0		0()		
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the	rate column.		-		-		0	
ransmissions:	Block 1: Give the standard ra								
Rates	<b>Block 2:</b> List any services tha listed in block 1 and for which a	• •			-	• •			
	brief (two- or three-word) descri				illeu. List	these other ser		e ionn or a	
							T		
		BLO		DRY OF SERV		DATE		BLOCK 2 DRY OF SERVICE	RATE
		DATE			ICE	RATE	CATEGO	DRT OF SERVICE	RAIL
	CATEGORY OF SERVICE	RATE			dential				
	Continuing Services:	RATE	Installat	ion: Non-resi	dential				
	Continuing Services: • Pay cable	RATE	Installat • Mote	ion: Non-resi I, hotel	dential				
	Continuing Services: • Pay cable • Pay cable—add'l channel	RATE - -	Installat • Mote • Com	<b>ion: Non-resi</b> d I, hotel mercial	dential				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	RATE	Installat ● Mote ● Com ● Pay	<b>ion: Non-resi</b> d I, hotel mercial cable					
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	RATE	Installat • Mote • Com • Pay • Pay	<b>ion: Non-resi</b> I, hotel mercial cable cable-add'l cha					
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential	RATE	Installat • Mote • Com • Pay • Pay • Fire	ion: Non-resid I, hotel mercial cable cable-add'I cha protection					
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set	RATE	Installat • Mote • Com • Pay • Pay • Fire • Burg	ion: Non-resid I, hotel mercial cable cable-add'l cha crotection lar protection					
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE	Installat • Mote • Com • Pay • Pay • Fire • Burg Other se	ion: Non-resid I, hotel mercial cable cable-add'l cha protection lar protection ervices:					
	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)	RATE	Installat • Mote • Com • Pay • Pay • Fire • Burg Other se • Reco	ion: Non-resid I, hotel mercial cable cable-add'I cha protection lar protection ervices: onnect		· · · · · · · · · · · · · · · · · · ·			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE	Installat • Mote • Com • Pay • Fire • Burg Other se • Recco • Disc	ion: Non-resid I, hotel mercial cable cable-add'I cha protection lar protection prvices: ponnect		· · · · · · · · · · · · · · · · · · ·			
	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)	RATE	Installat • Mote • Com • Pay • Fire • Burg Other so • Recc • Disc • Outle	ion: Non-resid I, hotel mercial cable cable-add'I cha protection lar protection ervices: onnect	annel				

counting Period: 2	2020/1			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF			SYSTEM ID
	CEQUEL COMMUNIC			04067
G Primary Transmitters: 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 • List the station here, and a basis. For further informatio <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on the <b>Column 2:</b> Give the channel of license. For example, Wi <b>Column 3:</b> Indicate in each educational station, by ente (for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location	ntify every television station (including in during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting th )(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 (t a substitute basis. Iso in space I, if the station was carrie in concerning substitute basis stations, 's call sign. <i>Do not</i> report origination p with a station according to its over-the	t (1) stations carried only on a part-t he carriage of certain network progra arried by your cable system on a sub he Special Statement and Program d both on a substitute basis and also see page (v) of the general instruct program services such as HBO, ESF e-air designation. For example, repo- evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indep- pr "E-M" (for noncommercial educati- uctions in the paper SA1-2 form. t the community to which the station	ime basis under ams [sections tions carried on a postitute program Log)—if the p on some other ions. PN, etc. Identify each ort multistream the air in its community in noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KBDI-1	12	E	DENVER, CO
	KCEC-1	14	I	DENVER, CO
d Rows as Necessary	KCNC-1	4	N	DENVER, CO
	KDVR-1	31	l	DENVER, CO
	KMGH-1	7	Ν	DENVER, CO
	KUSA-1	9	N	DENVER, CO

LEGAL NAME OF								SYSTEM 0400
	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 a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf 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 ( 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 th	t the system's hu system's FM ant this point, see pa red by the cable ne station is licer	eadend, and (2 enna, during c age (v) of the c system as a se used by the FC	2) it can sertain si general i eparate	be expected, tated intervals. nstructions in the. and discrete	Primary Transmitters Radio
		-				8/D		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
						·		
						<u> </u>		
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Accounting Perio	od: 2020/1						FOR	M SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF							SYSTEM ID#
Name	CEQUEL COMMUNICA	ATIONS L	LC					040676
	SUBSTITUTE CARRIAG	E: SPECIA		NT AND PROGRAM I C	G			
I I	In General: In space I, ident	-	-			tion that vo	ur cable sve	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	<ul> <li>During the accounting per</li> </ul>	riod, did you	ur cable syster	m carry, on a substitute ba	isis, any noni	network tele	evision prog	ram
Program Log	broadcast by a distant sta	tion?					YES	× NO
	-		root of this pr	aa blank If your anowar i	- "V " vouu	⊐ must sompl	-	
	Note: If your answer is "No	, leave the	e rest of this pa	age blank. If your answer i	s res, you	must comp	ete the pro	gram
	log in block 2. 2. LOG OF SUBSTITUTI		Me					
	In General: List each subs			ate line. Use abbreviation	s wherever p	ossible if t	neir meanin	a is
	clear. If you need more spa				o 1111010101 p			9.0
				vision program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.			1 1 3	,	1 /	,	
				er "Yes." Otherwise enter				
				casting the substitute prog the community to which th		consod by		in
	the case of Mexican or Car							
	Column 5: Give the mor	nth and day		stem carried the substitute			s, with the r	nonth
	first. Example: for May 7 gi							. ( . ) .
	to the nearest five minutes.			rogram was carried by you				ately
	stated as "6:00-6:30 p.m."		a program car		1. 10 p.m. to t		. Should be	
	Column 7: Enter the lett			m 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	ter FCC rules	s and regula	ations in	
		•						1
						N SUBSTI		
	S					AGE OCC		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		— TO	
							<u> </u>	
							<u> </u>	
							_	
								"
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1								

Accounting Period:	2020/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	STEM ID# 040676
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	,358.16
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		
	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				SYSTEM ID# 040676
<b>M</b> Channels	<ol> <li>to its subscribers, and (2</li> <li>Enter the total numbe system carried television</li> <li>Enter the total numbe on which the cable system</li> </ol>	2) the cable system's for r of channels on which on broadcast stations r of activated channel tem carried television	· · · · · · · · · · · · · · · · · · ·	accounting period.	6 23
N Individual to Be Contacted	we can contact about thi	is statement of accou	ER INFORMATION IS NEEDED (Identify an t.)		(002) 570 2452
for Further Information	Address 3015 (Number TYLI	S SE LOOP 323 ar, street, rural route, apart ER, TX 75701 wwn, state, zip)		Telephone	(903) 579-3152
	Email	RODNEY.HAS	KINS@ALTICEUSA.COM	Fax (optional)	
O Certification	<ul> <li>I, the undersigned, here</li> <li>(Owner other</li> <li>(Agent of own in line 1 of</li> <li>(Officer or pa in line 1 of</li> <li>I have examined the sta</li> </ul>	by certify that (Check of than corporation or p ner other than corpor space B and that the of artner) I am an officer space B. tement of account and orrect to the best of m	ist be certified and signed in accordance with ne, but only one, of the boxes.) artnership) I am the owner of the cable system tion or partnership) I am the duly authorized where is not a corporation or partnership; or f a corporation) or a partner (if a partnership) o hereby declare under penalty of law that all sta knowledge, information, and belief, and are m	n as identified in line 1 of space E agent of the owner of the cable s f the legal entity identified as own tements of fact contained herein	system as identified ner of the cable system
		Typed or printer	X /s/ Alan Dannenbaum Enter an electronic signature on the line above t Enter signature using an "/s/ signature" (e.g., /s name: ALAN DANNENBAUM		
		Title: (Title of c	SVP, PROGRAMMING ficial 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 I
QUEL COMMUNICATIONS LLC	04067
<ul> <li>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."     </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> </ul>	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name     Name       Mailing Address     Mailing Address	
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
	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q 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	
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 Assessment 
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	- /s -
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	- /s -
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	 /s 
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	- /s -
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	- /s -
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	- /s -

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