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 COPYRIG	HT OFFICE USE ONLY	by email to:
		ansmissions by	DATE RECEIVED	AMOUNT	-
Cable System				\$	<u>coplicsoa@copyright.gov</u> For additional information, contact the U.S. Copyright Office Licensing Division at:
in the first tab			9/1/2020	ALLOCATION NUMBER	Tel: (202) 707-8150
		WORDOOK		ALLOCATION NUMBER	
A	ACC	OUNTING PERIOD COVERED I	BY THIS STATEMENT: (YY	YYY/(Period))	
		2020/1	Period 1 = January 1 - June 30 Barcode Data Filing Period (optiona	Period 2 = July 1 - December 31	
Accounting Period		20201			
В		Instructions: Give the full legal name of the owner of th of the subsidiary, not that of the parent co		idiary of another corporation, give the full cor	porate title
Owner		List any other name or names under which	n the owner conducts the business of t	he cable system.	
		If there were different owners during the single statement of account and royalty fe		the last day of the accounting period should si ting period.	ubmit a
		Check here if this is the system's first filing	g. If not, enter the system's ID number	assigned by the Licensing Division.	062593
		LEGAL NAME OF OWNER/MAILING	GADDRESS 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 n	umber)		
		TYLER, TX 75701 (City, town, state, zip)			
С				ntify the business and operation of the	
	name		2, give the mailing address of th	e system, if different from the address	i given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM: ALBION STATE CORRECTI	IONAL INSTITUTION		
		MAILING ADDRESS OF CABLE SYSTEM			
	2	(Number, street, rural route, apartment, or suite n	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#
Name	CEQUEL COMMUNICATIONS LLC	062593
D	Instructions: List each separate community served by the cable system. A "com" a separate and distinct community or municipal entity (including unincorporate discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that	nmunity" is the same as a "community unit" as defined in FCC rules: ted communities within unincorporated areas and including single,
	as the "first community." Please use it as the first community on all future filing	gs.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mo identified city.	bile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First Community		
Community	(ALBION SCI)	
d Rows as Necessary		

	LEGAL NAME OF OWNER OF C							FORM SA1	TEM IC
Name									06259
Е	SECONDARY TRANSMISSION								
L	In General: The information in s system, that is, the retransmission								
Secondary	about other services (including p								
Transmission	last day of the accounting period								
Service: Sub-	Number of Subscribers: Bot	h blocks in spa	ce E cal	I for the number o	of subsc	ribers to the ca	ble system	, broken	
scribers and	down by categories of secondar								
Rates	each category by counting the n separately for the particular serv			0 , (charged	
	Rate: Give the standard rate of							and the	
	unit in which it is generally billed	-	-	•				-	
	category, but do not include disc	counts allowed	for adva	ince payment.					
	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	-		•					
	printed in block 1 (for example, t					•			
	with the number of subscribers a sufficient.	and rates, in th	e right-h	and block. A two-	or thre	e-word descript	ion of the s	service is	
		OCK 1					BLOCK	(2	
		NO. OF		DATE	0.4.75		N//OF	NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIB	EKS	RATE	CATE	EGORY OF SEF	RVICE	SUBSCRIBERS	RATI
	Service to first set		0						
			0	-					
	Service to additional set(s)		U	-					
	• FM radio (if separate rate)								
	Motel, hotel		405						
	Commercial		435	40.71					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA		SIONS: RATES					
-	In General: Space F calls for ra				ect to a	ll your cable sys	stem's serv	vices that were	
F	not covered in space E, that is, t								
	service for a single fee. There an		,	0			0()		
Services Other Than	furnished at cost or (2) services amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		usually	billed. If any fales	s ale u	largeu on a van	able pei-pi	logiani basis,	
ransmissions:	Block 1: Give the standard rate		he cable	e system for each	of the a	applicable servi	ces listed.		
Rates	Block 2: List any services that	• •			-	-			
	listed in block 1 and for which a				ed. List	these other ser	vices in the	e form of a	
	brief (two- or three-word) descrip	otion and inclue	de the ra	ite for each.		<u>.</u>			
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SERVIC		RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:		Installa	tion: Non-reside	ential				
	• Pay cable	-	• Mot	el, hotel					
	 Pay cable—add'l channel 	-	• Cor	nmercial					
	Fire protection		• Pay	cable					
	 Burglar protection 		• Pay	cable-add'l chan	nel				
	Installation: Residential		• Fire	protection					
	• First set	-	• Bur	glar protection					
	 Additional set(s) 	-	Other s	ervices:					
	• FM radio (if separate rate)		• Rec	onnect		-			
	Converter		• Disc	connect					I
		r	1				1		T
			• Out	et relocation		-			
				let relocation ve to new address	5	-			

counting Period:	2020/1			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
	CEQUEL COMMUNIC	ATIONS LLC		062593
G Primary ransmitters:	carried by your cable syster FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as	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 76.0 s explained in the next paragraph.	g translator stations and low power tele of (1) stations carried only on a part-tir the carriage of certain network prograr 61(e)(2) and (4))]; and (2) certain station	ne basis under ns [sections ons carried on a
Television	Substitute Basis Stations: basis under specific FCC ru • Do not list the station here station was carried only 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 ti Column 2: Give the channe of license. For example, WI Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	With respect to any distant stations of les, regulations, or authorizations: a in space G—but do list it in space I (i a substitute basis. Ilso in space I, if the station was carrie n concerning substitute basis stations i'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 tel- 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 instr n of each station. For U.S. stations, lis	carried by your cable system on a subst the Special Statement and Program Le ed both on a substitute basis and also a, see page (v) of the general instruction program services such as HBO, ESPN e-air designation. For example, report evision station for broadcasting over the a station, an independent station, or a n (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 the community with which the station is	og)—if the on some other ons. 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
	WFXP-1	66	I	ERIE, PA
	WICU-1	12	N	ERIE, PA
ws as Necessary	WJET-1	24	N	ERIE, PA
	WQLN-1	54	E	ERIE, PA
	WSEE-1	35	N	ERIE, PA

EGAL NAME OF								SYSTEM 062
	every radio s	station ca	arried on a separate and discre 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 m. lentify the call tate whether t the radio stati this by placing ive the statior	y the sys be recei t the Cc sign of e the static ion's sign g a check n's locatio	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 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 licens	adend, and (2 nna, during c ge (v) of the g ystem 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	
ONLE OIOIN		0,0		ONLE OIGH		0/0		

Accounting Perio							FOR	M SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF							SYSTEM ID#
Name	CEQUEL COMMUNICA	ATIONS L	LC					062593
	SUBSTITUTE CARRIAG	E: SPECIA		NT AND PROGRAM I C	G			
	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	ist 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 syste	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 no	aa blank. If your anower 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 proç	gram
	log in block 2. 2. LOG OF SUBSTITUTI							
	In General: List each subs			ate line. Use abbreviation	s wherever n	ossihle iftl	neir meanin	n is
	clear. If you need more spa				o 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.			erball. List specific progra		example, i	LOVE LUCY	0
	_		dcast live, ent	er "Yes." Otherwise enter	"No."			
				casting the substitute prog				
	Column 4: Give the broat the case of Mexican or Car			the community to which th			the FCC or,	IN
				stem carried the substitute			s. with the r	nonth
	first. Example: for May 7 gi				o program o		o,	
				ogram was carried by you				ately
	to the nearest five minutes	Example:	a program car	ried by a system from 6:0	1:15 p.m. to 6	6:28:30 p.m	. should be	
	stated as "6:00–6:30 p.m." Column 7: Enter the left	er "R" if the	listed program	n was substituted for prog	ramming tha	t vour syste	m was <i>requ</i>	iired
	to delete under FCC rules							
	was substituted for program							0
	effect on October 19, 1976							
						N SUBSTI	TUTE	
	s	UBSTITUT	E PROGRAM	1		AGE OCC		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	T	IMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							_	
								"
							_	
								"
							_	
								"
							_	
								"
							_	
								+
							_	
								1

Accounting Period:	2020/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SI	STEM ID# 062593
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	,253.30
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	his 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 #	[
	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# 062593
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	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
O	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) CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) • I, the undersigned, hereby certify that (Check one, but only one, 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 X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ov 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. 	system as identified wner of the cable system
	[18 U.S.C., Section 1001(1986)] X /s/ Alan Dannenbaum 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	06259
 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 royalty 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
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