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	HT OFFICE USE ONLY	by email to:
		ansmissions by	DATE RECEIVED	AMOUNT	
Cable Syste				\$	For additional information,
General instrue	ctions	are located			contact the U.S. Copyright Office Licensing Division at:
in the first tab	of this	workbook	9/1/2020	ALLOCATION NUMBER	Tel: (202) 707-8150
ſ	1				
A	ACC	OUNTING PERIOD COVERED E	BY THIS STATEMENT: (Y)	/YY/(Period))	
		2020/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		20201	Barcode Data Filing Period (optional	I - see instructions)	
Accounting Period					
В		Instructions: Give the full legal name of the owner of the 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 the	he cable system.	
		If there were different owners during the a single statement of account and royalty fee		the last day of the accounting period should s ting period.	ubmit a
		Check here if this is the system's first filing.	If not, enter the system's ID number a	assigned by the Licensing Division.	062825
		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 nu	mber)		
		TYLER, TX 75701 (City, town, state, zip)			
С				ntify the business and operation of the esystem, if different from the address	
System		IDENTIFICATION OF CABLE SYSTEM:	, give the maning address of the		
	1	FRACKVILLE STATE CORR	ECTIONAL INSTITUTION	l	
		MAILING ADDRESS OF CABLE SYSTEM:			
	2	(Number, street, rural route, apartment, or suite nu	mber)		
		(City, town, state, zip code)			
<u> </u>	·				

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	062825
	Instructions: List each separate community served by the cable system. A "commu	nity" is the same as a "community unit" as defined in FCC rules:
D	"a separate and distinct community or municipal entity (including unincorporated c	
U	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you	list will serve as a form of system identification hereafter knowr
	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	home parks should be reported in parentheses below the
Area	identified city.	
Served		
	CITY OR TOWN	STATE
First	FRACKVILLE	PA
Community	(FRACKVILLE SCI)	
d Rows as Necessary		
a now as necessary		

	LEGAL NAME OF OWNER OF C									E. PAGE
Name										6282
Е	SECONDARY TRANSMISSION									
	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	ecembe	r 31, as the cas	e 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			0 , (charged		
	Rate: Give the standard rate of							e and the		
	unit in which it is generally billed	I. (Example: "\$	20/mth")	. Summarize ar	ny standa	rd rate variation	s within a	barticular 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	addition	al sets would be	e included	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.	anu rates, in tri	e nym-n	and DIOCK. A tw		e-word descript				
		OCK 1					BLOCK	2		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SEF	RVICE	NO. OF SUBSCRIBE	RS	RATI
	Residential:	CODCOTUD	LITO	TUTE	0/11		(TIOE	CODCOTUDE	110	1011
	Service to first set		0	-						
	Service to additional set(s)		Ŏ	-						
	• FM radio (if separate rate)		Ŭ							
	Motel, hotel									
	Commercial		286	40.71						
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC									
F	In General: Space F calls for ra	te (not subscril	ber) info	rmation with res	spect to a	ll your cable sys	stem's serv	ices that were		
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		,	,				- 3,		
ransmissions:	Block 1: Give the standard ra									
Rates	Block 2: List any services that	• •			-					
	listed in block 1 and for which a brief (two- or three-word) descri				nea. Lisi	these other ser	vices in the	e lorm of a		
		BLO						BLOCK		
							CATEGU	DRY OF SERV	ICE	RATE
	CATEGORY OF SERVICE	RATE		ORY OF SERV		RATE				
	Continuing Services:	RATE	Installa	tion: Non-resi		RATE				
	• Pay cable	RATE	Installa • Mot	tion: Non-resi e el, hotel		RATE				
	Continuing Services: • Pay cable • Pay cable—add'l channel	RATE -	Installa • Mot • Con	tion: Non-resi el, hotel nmercial		RATE				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	RATE	Installa • Mot • Con • Pay	tion: Non-resi el, hotel nmercial cable	dential	RATE				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	RATE	Installa • Mot • Con • Pay • Pay	tion: Non-resid el, hotel nmercial cable cable-add'l cha	dential					
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential	RATE	Installa • Mot • Con • Pay • Pay • Fire	tion: Non-resid el, hotel nmercial cable cable-add'l cha protection	dential	RATE				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set	RATE	Installa • Mot • Con • Pay • Pay • Fire • Burg	tion: Non-resid el, hotel nmercial cable cable-add'l cha protection glar protection	dential					
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE	Installa • Mot • Con • Pay • Pay • Fire • Burg Other s	tion: Non-resid el, hotel nmercial cable cable-add'I cha protection glar protection ervices:	dential					
	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	Installa • Mot • Con • Pay • Pay • Fire • Bury Other s • Rec	tion: Non-resided el, hotel nmercial cable cable-add'l cha protection glar protection ervices: onnect	dential	RATE				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE	Installa • Mot • Con • Pay • Pay • Fire • Burg Other s • Rec • Disc	tion: Non-resident el, hotel nmercial cable cable-add'l cha protection glar protection services: onnect connect	dential	RATE				
	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	Installa • Mot • Con • Pay • Pay • Fire • Burn Other s • Rec • Disc • Out	tion: Non-resided el, hotel nmercial cable cable-add'l cha protection glar protection ervices: onnect	dential	RATE				

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		062825
	PRIMARY TRANSMITTERS:	TELEVISION		
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 Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here	n during the accounting period, except n 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	translator stations and low power tele of (1) stations carried only on a part-tir he carriage of certain network program $\delta 1(e)(2)$ and (4))]; and (2) certain station arried by your cable system on a substance the Special Statement and Program Lo	ne basis under ns [sections ons carried on a stitute program
	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	ed both on a substitute basis and also , see page (v) of the general instructio program services such as HBO, ESPt e-air designation. For example, repor	ns. N, etc. Identify each
	of license. For example, Wi Column 3: Indicate in each	I number the FCC assigned to the tele RC is channel 4 in Washington, D.C. case whether the station is a network	evision station for broadcasting over th station, an independent station, or a i (for network multicast), "I" (for independent	noncommercial
	(for independent multicast), For the meaning of these te Column 4 : Give the location	"E" (for noncommercial educational), rms, see page (iv) of the general instr n of each station. For U.S. stations, lis	or "E-M" (for noncommercial education	nal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WBRE-1	28	Ν	WILKES BARRE, PA
	WNEP-1	16	N	SCRANTON, PA
ows as Necessary	WOLF-1	56	Ι	HAZLETON, PA
	WSWB-1	38	Ι	SCRANTON, PA
	WVIA-1	44	Е	SCRANTON, PA
	WYOU-1	22	N	SCRANTON, PA

LEGAL NAME OF								SYSTEM 0628
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
eccivable 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 abour m. dentify the call tate whether t the radio stat this by placing sive the station	y the sys be recein the Co sign of o 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 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 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st leneral i 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	

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					062825
	SUBSTITUTE CARRIAG							
1		-	-			tion that you		town convict on a
•	In General: In space I, ident substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN				general in		ine paper e	
Special		-				activiary tala	viaion nrog	rom
Statement and	During the accounting per	-	ul cable system	in carry, on a substitute ba	sis, 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 is	s "Yes," you ı	must comple	te the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI	E PROGRA	AMS					
	In General: List each subs				s wherever p	ossible, if the	eir meaning	g is
	clear. If you need more spa							·
	period, was broadcast by a			vision program ("substitute				
	under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.	Bulls."				•		
				er "Yes." Otherwise enter				
				asting the substitute prog		aanaad bu th	a FCC ar	in
	the case of Mexican or Car			the community to which the			erccor,	in
				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.	Example:	a program car	ried by a system from 6:01	:15 p.m. to 6	6:28:30 p.m.	should be	
	stated as "6:00–6:30 p.m."	or "D" if the	listed program	n was substituted for prog	romming that	t vour ovoton	a waa ragi	irod
	to delete under FCC rules			n was substituted for prog				
	was substituted for program							ogram
	effect on October 19, 1976		, ,	1		5		
						N SUBSTIT		
	S		E PROGRAM			AGE OCCU 6. TIN		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	FROM –	- TO	
		100 01 110	0/122 01011		7.110 0711			
							-	
							-	
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						_		
							-	·
						_	-	,
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							-	
1		1	1	I	1			1

Accounting Period:	2020/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SY	STEM ID#
	CEQUEL COMMUNICATIONS LLC		062825
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	,785.37
	COPYRIGHT ROYALTY FEE		
L 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 1 • 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 \$ 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	<u> </u>	
	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 more		

Accounting Period:	2020/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 062825
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	6 45
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 Certification	Address 3015 S SE LOOP 323 (Number, street, rural route, apartment, or sulle 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, <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	B; or
	 X (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 herein 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: ALAN DANNENBAUM Title: SVP, PROGRAMMING (Title of official position held in corporation or partnership)	
	Date: 8/14/2020	

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bunting Period: 2020/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
QUEL COMMUNICATIONS LLC	06282
 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. 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.	
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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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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