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	- conficces@convright.gov	
Cable Syste	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	OUNTING PERIOD COVERED I	BY THIS STATEMENT: (Y	YYY/(Period))		
		2020/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31		
		20201	Barcode Data Filing Period (optiona	I - see instructions)		
Accounting Period						
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 co	rporate 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 s ting period.	submit a	
		Check here if this is the system's first filing	s. If not, enter the system's ID number	assigned by the Licensing Division.	063138	
		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		s already appear in space B. In line		ntify the business and operation of the e system, if different from the address	5	
System	1	IDENTIFICATION OF CABLE SYSTEM: GORDON CORRECTIONAL				
		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 Office'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	063138
D	Instructions: List each separate community served by the cable system. A "commu "a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you as the "first community." Please use it as the first community on all future filings.	nity" is the same as a "community unit" as defined in FCC rules: communities within unincorporated areas and including single,
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile identified city.	home parks should be reported in parentheses below the
Served		
	CITY OR TOWN	STATE
First	GORDON	WI
Community	(GORDON CORR)	
d Rows as Nosossan		
ld Rows as Necessary		

	LEGAL NAME OF OWNER OF C								SA1-2E. YSTE I	
Name								5	-	313
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 ca	se may be	e).		0		
Service: Sub-	Number of Subscribers: Both	•					-			
scribers and	down by categories of secondar									
Rates	each category by counting the n separately for the particular serv			0 , (cnarged		
	Rate: Give the standard rate of							e and the		
	unit in which it is generally billed	I. (Example: "\$	20/mth")	Summarize a	ny standa	rd rate variation	s within a	oarticular 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						•			
	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 fales, in th	e nym-n	and DIOCK. A IW		e-word descript		Service is		
		OCK 1					BLOCK	2		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SEF	RVICE	NO. OF SUBSCRIBEF	es F	RATI
	Residential:	CODCOTUD	LING	TUTE	0/11		(TIOE	CODOCIADEI		
	Service to first set		0	-						
	Service to additional set(s)		0	-						
	• FM radio (if separate rate)		Ĭ							
	Motel, hotel									
	Commercial		10	40.71						
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC									
F	In General: Space F calls for ra	te (not subscril	ber) infoi	mation with re	spect to a	ll your cable sys	tem's serv	ices that were		
Г	not covered in space E, that is, t									
Services	service for a single fee. There an 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 rate									
Rates	Block 2: List any services that	• •			-	• •				
	listed in block 1 and for which a brief (two- or three-word) description				sned. List	these other ser	vices in the	e form of a		
		BI O	CK 1					BLOCK 2		
					105		LOATEGU	ORY OF SERVI	CE F	RATE
	CATEGORY OF SERVICE	RATE		ORY OF SER		RATE				
	Continuing Services:		Installa	tion: Non-resi		RATE				
	• Pay cable		Installa • Mote	tion: Non-resi el, hotel		RATE				
	Continuing Services: • Pay cable • Pay cable—add'l channel		Installa • Mote • Con	tion: Non-resi el, hotel nmercial		RATE				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection		Installa • Moto • Con • Pay	tion: Non-resi el, hotel nmercial cable	dential	RATE				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection		Installa • Moto • Con • Pay • Pay	tion: Non-resi el, hotel mercial cable cable-add'l cha	dential	RATE				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential		Installa • Mote • Con • Pay • Pay • Fire	tion: Non-resi al, 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		Installa • Mote • Con • Pay • Pay • Fire • Burg	tion: Non-resi el, hotel nmercial cable cable-add'l ch: protection glar protection	dential	RATE				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)		Installa • Mote • Con • Pay • Pay • Fire • Burg Other s	tion: Non-resi el, hotel mercial cable cable-add'l cha protection glar protection ervices:	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)		Installa • Mote • Con • Pay • Pay • Fire • Burg Other s • Rec	tion: Non-resi el, hotel mmercial 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)		Installa • Mot • Con • Pay • Pay • Fire • Burç Other s • Rec • Disc	tion: Non-resi el, hotel mmercial cable cable-add'l cha protection glar protection ervices: 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)		Installa • Mot • Con • Pay • Pay • Fire • Burç Other s • Rec • Disc • Outl	tion: Non-resi el, hotel mmercial cable cable-add'l cha protection glar protection ervices: onnect	dential annel	RATE				

counting Period:	2020/1			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
Nume	CEQUEL COMMUNIC	ATIONS LLC		063138
	PRIMARY TRANSMITTERS:	TELEVISION		
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 :	n during the accounting period, except n effect on June 24, 1981, permitting to)(2) and (4), or 76.63 (referring to 76.63 explained in the next paragraph. With respect to any distant stations of	g translator stations and low power tel- of (1) stations carried only on a part-tin the carriage of certain network program 61(e)(2) and (4))]; and (2) certain stati carried by your cable system on a sub-	me basis under ms [sections ions carried on a
	• Do not list the station here station was carried only on	a substitute basis.	the Special Statement and Program L	
	basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on the	n concerning substitute basis stations 's call sign. <i>Do not</i> report origination with a station according to its over-th ne form.	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	ons. N, etc. Identify each rt multistream
	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	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	station, an independent station, or a (for network multicast), "I" (for indepe or "E-M" (for noncommercial educatio	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
	KBJR-1	6	N	SUPERIOR, WI
	KDLH-2	3	Ν	DULUTH, MN
s as Necessary	KQDS-1	21	I	DULUTH, MN
	WDIO-1	10	N	DULUTH, MN
	WDSE-1	8	E	DULUTH, MN

CEQUEL CO	OWNER OF OMMUNICA							SYSTEM 063 ⁷
	every radio s	station ca	arried on a separate and discre 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 isignal, indicate t Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether t the radio stat this by placing ive the statior	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 th	t the system's he system's FM ante his point, see pa ed by the cable s le station is licen:	eadend, 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			0/5		
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	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	ATIONS L	LC					063138
	SUBSTITUTE CARRIAG			NT AND PROGRAM I C	G			
I I	In General: In space I, ident	-	-			tion that you	r ooblo ovo	tom carried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN				0		• •	
Special	During the accounting per	-			isis anv noni	network telev	vision proa	ram
Statement and		-		in ourry, on a substitute be	loio, any nom			
Program Log	broadcast by a distant sta	luon?					YES	× NO
	Note: If your answer is "No	o", 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	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 ("substitut				
	under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.	Bulls."						
				er "Yes." Otherwise enter				
				casting the substitute prog the community to which th		oonood by th	a ECC ar	in
	the case of Mexican or Car							
				stem carried the substitut			with the n	nonth
	first. Example: for May 7 gi		, ,		1 0			
				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."	er "R" if the	listed program	n was substituted for prog	ramming that	t vour systen	was reau	uired
	to delete under FCC rules							
	was substituted for program							-9.4
	effect on October 19, 1976							
				A		N SUBSTIT		7. REASON FOR
	5	1				AGE OCCU 6. TI		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	
							-	
							-	
						_		
							-	
						_		
		+						
							-	
							-	
						_		
							-	
							-	
						_		

Accounting Period:	2020/1	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID#
		063138
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmissi (as identified in space E) during the accounting period. For a further explanation of how to compute this amopage (viii) 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.	ion service
	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 \$263 • 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.	,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 this si accounting period is \$52.00	ix-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 \$137,100)	
	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)	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 of Co See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more in	

Accounting Period:	2020/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 063138
M Channels	 CHANNELS Instructions: You must give (1) the number of channels on which the cable system cator its subscribers, and (2) the cable system's total number of activated channels during 1. Enter the total number of channels on which the cable system carried television broadcast stations	g the accounting period.
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identi we can contact about this statement of account.)	
for Further Information	Name RODNEY HASKINS Address 3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite number) TYLER, TX 75701	Telephone (903) 579-3152
	(City, town, state, zp) Email RODNEY.HASKINS@ALTICEUSA.COM	Fax (optional)
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance. 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 since (Agent of owner other than corporation or partnership) I am the duly author in line 1 of space B and that the owner is not a corporation or partnership; X (Officer or partner) I am an officer (if a corporation) or a partner (if a partners in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that are true, complete, and correct to the best of my knowledge, information, and belief, and [18 U.S.C., Section 1001(1986)] X /s/ Alan Dannenbaum Enter an electronic signature on the line a 	system as identified in line 1 of space B; or prized agent of the owner of the cable system as identified or ship) of the legal entity identified as owner of the cable system all statements of fact contained herein are made in good faith.
	Enter signature using an "/s/ signature" (e Typed or printed name: ALAN DANNENBAUI Title: SVP, PROGRAMMING (Title of official position held in corporation or partnership) Date:	Μ

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ounting Period: 2020/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
QUEL COMMUNICATIONS LLC	0631:
 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 	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	
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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