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.

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SA1-2E Short Form

Return completed workbook

STATEME	ENT	OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	by email to:	
for Seconda	ry Tra	ansmissions by	DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov	
Cable Syste General instru- in the first tab	ctions	are located	\$ 9/1/2020 ALLOCATION NUMBER		For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150	
Α	ACCO	2020/1	BY THIS STATEMENT: (YY Period 1 = January 1 - June 30	'YY/(Period)) Period 2 = July 1 - December 31		
Accounting Period		20201	Barcode Data Filing Period (optional	- see instructions)		
B Owner		of the subsidiary, not that of the parent co List any other name or names under which	rporation. the owner conducts the business of the second of the owner on the owner own	he last day of the accounting period should s	submit a	
		Check here if this is the system's first filing		assigned by the Licensing Division.	063188	
		CEQUEL COMMUNICATIONS LLC BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT)	1		
		SUDDENLINK COMMUNICATIONS				
		MAILING ADDRESS OF OWNER OF	CABLE SYSTEM			
		3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite nu	imber)			
		TYLER, TX 75701 (City, town, state, zip)				
С				tify the business and operation of the e system, if different from the address		
System	1	IDENTIFICATION OF CABLE SYSTEM: E. MARYLAND CORRECTIO	· · ·		- <u>9</u>	
		MAILING ADDRESS OF CABLE SYSTEM				
	2	(Number, street, rural route, apartment, or suite nu	imber)			
		(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 suffciency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
	CEQUEL COMMUNICATIONS LLC	06318
	Instructions: List each separate community served by the cable system. A "c	
D	"a separate and distinct community or municipal entity (including unincorpo	
_	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th as the "first community." Please use it as the first community on all future fi	
	Note: Entities and properties such as hotels, apartments, condominiums, or	
Area	identified city.	mobile nome parks should be reported in parentneses below the
Served	identified city.	
		OT ATE
First	CITY OR TOWN WESTOVER	STATE MD
First Community	(E. MARYLAND CORR)	
,		
d Rows as Necessary		

	LEGAL NAME OF OWNER OF C							FORM SA1	TEM ID
Name			•					515	06318
Е	SECONDARY TRANSMISSION					, transmission	onvice of t	ha aabla	
	In General: The information in s system, that is, the retransmission								
Secondary	about other services (including								
Transmission	last day of the accounting period	l (June 30 or D	ecember	31, as the case	e may be	e).		0	
Service: Sub-	Number of Subscribers: Bot	•					2		
scribers and Rates	down by categories of secondar each category by counting the n								
Rales	separately for the particular service		<i>,</i>	0 , (,	chargeu	
	Rate: Give the standard rate of							ge and the	
	unit in which it is generally billed	· ·	,		/ standa	rd rate variation	s within a	particular rate	
	category, but do not include disc					a a da m i tua a a sais		a that askis	
	Block 1: In the left-hand block systems most commonly provide	•		-		•			
	that applies to your system. Not								
	categories, that person or entity	should be cou	nted as a	subscriber in ea	ach app	licable category	. Example:	a residential	
	subscriber who pays extra for ca					l in the count ur	nder "Servi	ce to the	
	first set" and would be counted of Block 2: If your cable system					convice that are	difforant f	rom those	
	printed in block 1 (for example, 1	-		•					
	with the number of subscribers a					-	,		
	sufficient.	•	U			•			
	BLO	CK 1 NO. OF					BLOCK	X 2 NO. OF	1
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATE	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE
	Residential:								
	 Service to first set 		0	-					
	 Service to additional set(s) 		0	-					
	 FM radio (if separate rate) 								
	Motel, hotel								
	Commercial		56	40.71					
	Converter								
	Residential								
	Non-residential								
			Nemice						
_	SERVICES OTHER THAN SEC In General: Space F calls for ra				ect to a	ll vour cable svs	stem's serv	vices that were	
F	not covered in space E, that is, t								
	service for a single fee. There a		,	0			0()		
Services	furnished at cost or (2) services								
Other Than Secondary	amount of the charge and the un enter only the letters "PP" in the		usually b	lied. If any rate	es are cr	arged on a vari	able per-pi	rogram basis,	
Fransmissions:	Block 1: Give the standard ra		he cable	system for each	n of the	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) descri	otion and inclue	de the rate	e for each.		r	1		
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		RY OF SERVIO		RATE	CATEGO	DRY OF SERVICE	RATE
			• Mote		entiai				
	Continuing Services: Pay cable	_	iviolo	, 110101					
	• Pay cable	-	• Com	nercial					
	• Pay cable • Pay cable—add'l channel		-	nercial able					
	Pay cable Pay cable Pay cable—add'l channel Fire protection		• Pay o	able	nel				
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection 		• Pay o • Pay o	able able-add'l char	nnel				
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential 		• Pay o • Pay o • Fire p	able able-add'l char rotection	nnel				
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set 		• Pay o • Pay o • Fire p • Burg	able able-add'l char rotection ar protection	nnel				
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) 		• Pay o • Pay o • Fire p • Burg Other se	able able-add'l char rotection ar protection rvices:	nnel				
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 		• Pay o • Pay o • Fire p • Burgl Other se • Reco	able able-add'l char rotection ar protection rvices: nnect	nnel				
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) 		• Pay o • Pay o • Fire p • Burg Other se • Reco • Disco	able able-add'l char rotection ar protection rvices: nnect nnect	nnel	· · · · · · · · · · · · · · · · · · ·			
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 		• Pay o • Pay o • Fire p • Burgl Other se • Reco • Disco	able able-add'l char rotection ar protection rvices: nnect					

counting Period: 2	2020/1			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF			SYSTEM ID#
	CEQUEL COMMUNIC			063188
G Primary ansmitters: Television	PRIMARY TRANSMITTERS: In General: In space G, ide carried by your cable syster FCC rules and regulations i 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 station was carried <i>only</i> on • List the station here, and a basis. For further informatio Column 1: List each statior multicast stream associated "WETA-2" as the same on t Column 2: Give the channe of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast),	TELEVISION entify every television station (including m during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations of the space G—but do list it in space I (for a substitute basis. also in space G—but do list it in space I (for a substitute basis. also in space I, if the station was carrie on concerning substitute basis stations n's call sign. <i>Do not</i> report origination d with a station according to its over-the he form. el number the FCC assigned to the tele 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),	t (1) stations carried only on a part-tin he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stati arried by your cable system on a sub the Special Statement and Program L ed both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESP e-air designation. For example, report evision station for broadcasting over t station, an independent station, or a (for network multicast), "I" (for independent or "E-M" (for noncommercial education	evision stations) me basis under ms [sections ions carried on a stitute program .og)—if the on some other ons. N, etc. Identify each rt multistream he air in its community noncommercial ndent), "I-M"
	Column 4: Give the location FCC. For Mexican or Canac	rms, see page (iv) of the general instr n of each station. For U.S. stations, lis dian stations, if any, give the name of t	t the community to which the station i the community with which the station	is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WBOC-1	16	N	SALISBURY, MD
	WCPB-1	28	E	SALISBURY, MD
lecessary	WMDT-1	47	N	SALISBURY, MD
	WNBC-1	4	N	NEW YORK, NY

LEGAL NAME OF								SYSTEM 063 ⁷
	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 isignal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. dentify the call tate whether to the radio stat this by placing sive the station	y the sys be recein the Co sign of of the static ion's sign g a chech n's locati	II-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 his point, see pa ed by the cable s le 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 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	
ON LE CION		0,0		OF ILLE OF OT		0,D		

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					063188
	SUBSTITUTE CARRIAG)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	ision prod	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 ("substitute				
	under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.	Bulls."						
				er "Yes." Otherwise enter				
				casting the substitute prog		aanaad by th		in
	the case of Mexican or Car			the community to which the community with which the				In
				stem carried the substitute			, 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	5:28:30 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 syster	n was <i>rea</i> u	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 OCCL		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	
							-	
							-	
						_	-	
							-	
						_	-	
		+						
							-	
							_	
						-	-	
							_	
							-	
						-	-	
							-	
						_	-	
							-	
							-	
		1						1

Accounting Period:	2020/1 FG	DRM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 063188
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission (as identified in space E) during the accounting period. For a further explanation of how to compute this amoun page (vii) of the general instructions located in the pape 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.	service
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 \$263,80 • 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.	
	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 six-m accounting period is \$52.00	onth
	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) \$ 1,319	.00
	6. Interest charge. Enter the amount from line 4, space Q, page 8	.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)	.00
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	.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 Copy See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more inform	

Accounting Period:	2020/1		FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTE CEQUEL COMMUNICATIONS LLC	M:	SYSTEM ID# 063188
M Channels	 to its subscribers, and (2) the cable system 1. Enter the total number of channels on v system carried television broadcast stati 2. Enter the total number of activated chan on which the cable system carried television 	ons	4
N Individual to Be Contacted	we can contact about this statement of ac		(000) 570 0450
for Further Information	Address 3015 S SE LOOP (Number, street, rural route, TYLER, TX 75701 (City, town, state, zip)	323 apartment, or suite number)	(903) 579-3152
		ASKINS@ALTICEUSA.COM Fax (optional)	
O Certification	 I, the undersigned, hereby certify that (Chr. (Owner other than corporation (Agent of owner other than corporation in line 1 of space B and that (Officer or partner) I am an offi in line 1 of space B. I have examined the statement of account 	nt must be certified and signed in accordance with Copyright Office regulations) eck one, <i>but only one</i> , of the boxes.) or partnership) I am the owner of the cable system as identified in line 1 of space rporation or partnership) I am the duly authorized agent of the owner of the cable of the owner is not a corporation or partnership; or cer (if a corporation) or a partner (if a partnership) of the legal entity identified as ow and hereby declare under penalty of law that all statements of fact contained herein of my knowledge, information, and belief, and are made in good faith. X /s/ Alan Dannenbaum Enter an electronic signature on the line above to certify this statement.	system as identified vner of the cable system
	Title:	Enter signature using an "/s/ signature" (e.g., /s/ John Smith) inted name: ALAN DANNENBAUM SVP, PROGRAMMING e of official position held in corporation or partnership) 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	06318
 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? X NO YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
Name Name Mailing Address Name	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	0
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	
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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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