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:
	ry Transmissions by	DATE RECEIVED	AMOUNT	
General instruc	<i>ms (Short Form)</i> ctions are located of this workbook	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	ACCOUNTING PERIOD COVERE	D BY THIS STATEMENT: (Y	YYY/(Period))	
	2020/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31 I - see instructions)	
Accounting Period				
В	Instructions: Give the full legal name of the owner of the subsidiary, not that of the parent	-	idiary of another corporation, give the full co	prporate title
Owner	If there were different owners during	which the owner conducts the business of t the accounting period, only the owner on ty fee payment covering the entire accoun	the last day of the accounting period should	submit a
	Check here if this is the system's first f	iling. If not, enter the system's ID number	assigned by the Licensing Division.	063191
	LEGAL NAME OF OWNER/MAIL	ING ADDRESS OF CABLE SYSTEM		
	CEQUEL COMMUNICATIONS LL	с		
	BUSINESS NAME(S) OF OWNER	OF CABLE SYSTEM (IF DIFFERENT)	
	SUDDENLINK COMMUNICATION	S		
	MAILING ADDRESS OF OWNER			
	3015 S SE LOOP 323			
	(Number, street, rural route, apartment, or su TYLER, TX 75701	lite number)		
	(City, town, state, zip)			
С	INSTRUCTIONS: In line 1, give any bunch and a speed of the second	ne 2, give the mailing address of th		
System	1 IDENTIFICATION OF CABLE SYSTEM			
	MAILING ADDRESS OF CABLE SYS	TEM:		
	2 (Number, street, rural route, apartment, or su	ite number)		
	(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
	CEQUEL COMMUNICATIONS LLC	06319
D	Instructions: List each separate community served by the cable system. A "communi" a separate and distinct community or municipal entity (including unincorporated co	mmunities within unincorporated areas and including single,
_	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you li as the "first community." Please use it as the first community on all future filings.	
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hidentified city.	ome parks should be reported in parentheses below the
F ¹	CITY OR TOWN BOYD	STATE MD
First Community	(MONTGOMERY CORR)	
dd Rows as Necessary		

	1						FORM SA1	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					
	CEQUEL COMMUNICAT	FIONS LLC						06319
-	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCRIBER	S AND RATES				
E	In General: The information in s							
Secondary	system, that is, the retransmission about other services (including particular services)							
Transmission	last day of the accounting period						ing on the	
Service: Sub-	Number of Subscribers: Both					ble system	, broken	
scribers and	down by categories of secondar	•	-	•				
Rates	each category by counting the n separately for the particular service				•		charged	
	Rate: Give the standard rate of						e and the	
	unit in which it is generally billed							
	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	0						
	printed in block 1 (for example, t with the number of subscribers a							
	sufficient.							
	BLC	DCK 1				BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		ATE CA	TEGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATI
	Residential:							
	Service to first set		0	-				
	 Service to additional set(s) 		0	0				
	• FM radio (if separate rate)							
	Motel, hotel							
	Commercial		12	40.71				
	Converter							
	Residential							
	Non-residential							
			I					
	SERVICES OTHER THAN SEC In General: Space F calls for ra				all your cable sy	stom's son	rices that were	
F	not covered in space E, that is, t	•						
	service for a single fee. There a							
Services	furnished at cost or (2) services							
Other Than	amount of the charge and the ur		usually billed	I. If any rates are	charged on a vari	able per-p	rogram basis,	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rate		he cable svst	em for each of th	e applicable servi	ces listed.		
Rates	Block 2: List any services that						were not	
	listed in block 1 and for which a		,		ist these other ser	vices in the	e form of a	
	brief (two- or three-word) descrip	otion and inclue	de the rate for	each.				
		BLO			-		BLOCK 2	
	CATEGORY OF SERVICE	RATE		OF SERVICE	RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:			Non-residential				
		-	• Motel, ho					
	• Pay cable		Commerce					
	• Pay cable—add'l channel	-						
	Pay cable—add'l channel Fire protection	-	• Pay cable					
	 Pay cable—add'l channel Fire protection Burglar protection 	-	• Pay cable	e-add'l channel				
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential 	-	• Pay cable • Fire prote	e-add'l channel ection				
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set 		• Pay cable • Fire prote • Burglar p	e-add'l channel ection rotection				
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) 		• Pay cable • Fire prote • Burglar p Other servic	e-add'l channel ection rotection :es:				
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 		• Pay cable • Fire prote • Burglar p Other servic • Reconne	e-add'l channel ection rotection e es: ct				
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) 		 Pay cable Fire prote Burglar p Other servic Reconne Disconne 	e-add'l channel ection rotection e es: ct	·····			
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 		 Pay cable Fire prote Burglar p Other servic Reconne Disconne Outlet rel 	e-add'l channel ection rotection e es: ct				

ame	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
	CEQUEL COMMUNIC			063191
G mary mitters: evision	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, a: Substitute Basis Stations basis under specific FCC rr. • Do not list the station here station was carried only on • List the station here, and a basis. For further informatic 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), For the meaning of these te Column 4: Give the locatio	TELEVISION entify every television station (including m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations ca ules, regulations, or authorizations: e in space G—but do list it in space I (th a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	t (1) stations carried only on a part-tin he carriage of certain network progra a(e)(2) and (4))]; and (2) certain stati arried by your cable system on a sub he Special Statement and Program L d both on a substitute basis and also see page (v) of the general instruction orogram 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 actions in the paper SA1-2 form. t the community to which the station i	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 endent), "I-M" onal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WJLA-1	7	N	WASHINGTON DC
	WJLA-1 WTTG-1	7	<u>N</u>	WASHINGTON DC WASHINGTON DC
:essary	WJLA-1 WTTG-1 WUSA-1	7 5 9		WASHINGTON DC WASHINGTON DC WASHINGTON DC
as Necessary	WTTG-1	5	••••••••••••••••••••••••••••••••••••••	WASHINGTON DC

LEGAL NAME OI								SYSTEM 063 ⁷
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) in the basis of for detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, 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 recei t the Cc sign of e the static ion's sign g a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received a ved 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	It the system's h system's FM and this point, see p sed by the cable ne station is licer	eadend, and (2 enna, during c age (v) of the <u>c</u> system as a se used by the FC	2) it can ertain st jeneral ii eparate :	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S, II AIIY,		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
CALL SIGN		5/0	LOCATION OF STATION	CALL SIGN		5/0	LOCATION OF STATION	
								
					+			
							·	
					+			

Accounting Perio							FOR	M SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF							SYSTEM ID#
Name	CEQUEL COMMUNICA	ATIONS L	LC					063191
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LC	G			
I I	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 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
	-		reat of this no	an blank If your analyses i	- "Vee " veu	⊐ noviet eemen	-	
	Note: If your answer is "No	, leave the	e rest of this pa	age blank. If your answer is	s res, you	must comp	iete trie proç	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	heir meanin	a is
	clear. If you need more spa				e milerer 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.					,	2010 2009	
				er "Yes." Otherwise enter				
				casting the substitute prog the community to which th		oonood by	the ECC or	in
	the case of Mexican or Car							111
				stem carried the substitute			s, with the r	nonth
	first. Example: for May 7 gi							
	Column 6: State the tim to the nearest five minutes.			ogram was carried by you				ately
	stated as "6:00–6:30 p.m."		a program car	ned by a system norm 0.0	i. io p.iii. io c	.20.30 p.m		
		er "R" if the	e listed prograr	n was substituted for prog	ramming tha	t your syste	em was <i>requ</i>	lired
	to delete under FCC rules							ogram
	was substituted for programe ffect on October 19, 1976		your system w	as permitted to delete und	ler FCC rules	s and regula	ations in	
		•						T
						N SUBSTI		
	S	1	E PROGRAM			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		IMES — TO	
							-	
							_	
							_	
								"
							_	
							<u> </u>	
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1			L			L	—	

Accounting Period:	2020/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	YSTEM ID# 063191
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	3,000.00
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 t 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 \$ 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)		<u> </u>
	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	<u>.</u>	
	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		
Filler Fri			
Filing Fee and Total Remittance Due	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 OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC		SYSTEM ID# 063191
M Channels	to its subscribers, and (2) the cable system's tota 1. Enter the total number of channels on which th	padcast stations	stations 3 18
N Individual to Be Contacted	we can contact about this statement of account.)	NFORMATION IS NEEDED (Identify an individual to whom	
for Further Information	Name RODNEY HASKINS Address 3015 S SE LOOP 323 (Number, street, rural route, apartmen TYLER, TX 75701		elephone (903) 579-3152
	(City, town, state, zip) Email RODNEY.HASKIN	IS@ALTICEUSA.COM Fax (optional)	
O Certification	 I, the undersigned, hereby certify that (Check one. (Owner other than corporation or part (Agent of owner other than corporation in line 1 of space B and that the own X (Officer or partner) I am an officer (if a in line 1 of space B. I have examined the statement of account and her are true, complete, and correct to the best of my kn [18 U.S.C., Section 1001(1986)] 	be certified and signed in accordance with Copyright Office reg ,but only one, of the boxes.) nership) I am the owner of the cable system as identified in line 1 on or partnership) I am the duly authorized agent of the owner of er is not a corporation or partnership; or corporation) or a partner (if a partnership) of the legal entity ident reby declare under penalty of law that all statements of fact contain towledge, information, and belief, and are made in good faith. X /s/ Alan Dannenbaum ther an electronic signature on the line above to certify this statement ther signature using an "/s/ signature" (e.g., /s/ John Smith)	l of space B; or the cable system as identified ified as owner of the cable system ined herein
	(Title of officia	VP, PROGRAMMING al 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 II
QUEL COMMUNICATIONS LLC	06319
 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	Concerning Gross Receipts Exclusion
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. Line 1 Enter the amount of late payment or underpayment	Q
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.	Interest Assessmen
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	Interest Assessmen
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