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

STATEM	ENT	OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	by email to:	
		ransmissions by	DATE RECEIVED	AMOUNT		
Cable Syste General instru in the first tab	uctions		9/1/2020	\$ ALLOCATION NUMBER	<u>coplicsoa@copyright.gov</u> For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150	
Α	ACC	2020/1	BY THIS STATEMENT: (Y) Period 1 = January 1 - June 30	<b>YYY/(Period))</b> Period 2 = July 1 - December 31		
Accounting Period		20201	Barcode Data Filing Period (optional	- see instructions)		
		Instructions:				
В		Give the full legal name of the owner of the of the of the subsidiary, not that of the parent co		diary of another corporation, give the full co	rporate title	
Owner		List any other name or names under which	the owner conducts the business of th	ne cable system.		
		If there were different owners during the a single statement of account and royalty fee		he last day of the accounting period should s ing 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.	063624	
		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)			
		(City, town, state, zip)				
С		<b>RUCTIONS:</b> In line 1, give any busing as already appear in space B. In line 2				
System	1	IDENTIFICATION OF CABLE SYSTEM:				
		MONTGOMERY COUNTY D	ETENTION CENTER			
		MAILING ADDRESS OF CABLE SYSTEM:				
	2	Number street rural route apartment or suite nu	mbori			

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.

(City, town, state, zip code)

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	CEQUEL COMMUNICATIONS LLC	063624
D	Instructions: List each separate community served by the cable system. A "o "a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th	community" is the same as a "community unit" as defined in FCC rules: brated communities within unincorporated areas and including single,
	as the "first community." Please use it as the first community on all future f	ilings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or identified city.	mobile home parks should be reported in parentheses below the
		OTATE
First	CITY OR TOWN ROCKVILLE	STATE MD
Community	(MONTGOMERY CNTY DET)	
	างการการการการการการการการการการการการการก	
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C							FORM SA1	TEM IC
Name									06362
Е	SECONDARY TRANSMISSION								
<b>L</b>	In General: The information in s system, that is, the retransmission								
Secondary	about other services (including p								
Transmission	last day of the accounting period							ing on the	
Service: Sub-	Number of Subscribers: Bot	h blocks in spa	ce E call	for the number	of subso	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		<i>,</i>	0,0			,	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	nce payment.					
	Block 1: In the left-hand block	•		-		•			
	systems most commonly provide								
	that applies to your system. <b>Not</b> 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, 1						,.		
	with the number of subscribers a sufficient.	and rates, in th	e right-ha	and block. A two	o- or thre	e-word descript	ion of the s	service is	
		OCK 1					BLOCK	2	
		NO. OF		DATE	04.7			NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CATE	EGORY OF SEF	RVICE	SUBSCRIBERS	RATI
	Service to first set		0						
	Service to additional set(s)		0	0					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		15	40.71					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC								
-	In General: Space F calls for ra					Il your cable sys	stem's serv	rices that were	
F	not covered in space E, that is, t								
	service for a single fee. There a		,	•			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	ollied. If any fat	es are cr	larged on a vari	able per-pi	ogram basis,	
ransmissions:	Block 1: Give the standard ra		he cable	system for eac	h of the	applicable servi	ces listed.		
Rates	Block 2: List any services that	• •			-	-			
	listed in block 1 and for which a				hed. List	these other ser	vices in the	e form of a	
	brief (two- or three-word) descrip	ption and inclue	de the ra	te for each.					
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEG	ORY OF SERV	ICE	RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:		Installa	tion: Non-resid	dential				
	• Pay cable	-	• Mote	el, hotel					
	<ul> <li>Pay cable—add'l channel</li> </ul>	-	• Con	mercial					
	<ul> <li>Fire protection</li> </ul>		• Pay	cable					
	<ul> <li>Burglar protection</li> </ul>		• Pay	cable-add'l cha	innel				
	Installation: Residential		• Fire	protection					
	• First set	-	• Burg	lar protection					
	<ul> <li>Additional set(s)</li> </ul>	-	Other s	ervices:					[
	• FM radio (if separate rate)		• Rec	onnect		-			
	• Converter		• Disc	onnect					
		k	1						•
			<ul> <li>Outl</li> </ul>	et relocation		-			
				et relocation e to new addre	ss	-			

counting Period:	2020/1			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
	CEQUEL COMMUNIC			063624
G Primary ransmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(6 substitute program basis, a <b>Substitute Basis Stations</b>	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 c ules, regulations, or authorizations:	t (1) stations carried only on a part-tin ne carriage of certain network progra a1(e)(2) and (4))]; and (2) certain stati	me basis under ms [sections ions carried on a
	station was carried <i>only</i> on • List the station here, and a basis. For further informatic <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on a <b>Column 2:</b> Give the channel of license. For example, W <b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter	also in space I, if the station was carrie 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	d both on a substitute basis and also see page (v) of the general instructio 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 indepe pr "E-M" (for noncommercial educatio uctions in the paper SA1-2 form.	on some other ons. N, etc. Identify each rt multistream he air in its community noncommercial ndent), "I-M" nal multicast).
		dian stations, if any, give the name of t		
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WDVM-1	25	Ν	WASHINGTON DC
	WJLA-1	7	N	WASHINGTON DC
Necessary	WTTG-1	5	I	WASHINGTON DC
	WUSA-1	9	Ν	WASHINGTON DC

CEQUEL CO	OWNER OF OMMUNICA							SYSTEM 0630
	every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) in the basis of i for detailed info paper SA1-2 for <b>Column 1:</b> lo <b>Column 2:</b> S <b>Column 3:</b> If ignal, indicate <b>Column 4:</b> G	it is carried by monitoring, to prmation abour m. lentify the call tate whether t the radio stat this by placing vive 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 ar this point, see p sed by the cable ne station is lice	neadend, and (2 htenna, during c bage (v) of the c e system as a se nsed by the FC	2) it can ærtain st general in 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		S/D	LOCATION OF STATION	
CALL SIGN		3/0	LOCATION OF STATION	CALL SIGN		3/0	LOCATION OF STATION	
						<u> </u>		
						<u> </u>		
						<u> </u>		
						·		
						·		
							·	
						+		

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					063624
	SUBSTITUTE CARRIAG				G			
I I	In General: In space I, ident	-	-			tion that you	r ooblo ovo	tom corried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN							
Special	During the accounting per	-			isis anv noni	network telev	rision nroa	ram
Statement and		-		frouny, on a substitute be	1010, any 11011			
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				
				asting the substitute prog the community to which th		oonood by th	a ECC ar	in
	the case of Mexican or Car							
				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 6:01	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 tha	t vour system	was reau	ired
	to delete under FCC rules							
	was substituted for program							-9.4
	effect on October 19, 1976							
								Γ
						N SUBSTIT		7. REASON FOR
	5	1			-	AGE OCCU 6. TIN		DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM -	- то	
							• <u>•</u>	
						_		
						_		
		+						
						_		
								·
						_		

Accounting Period:	2020/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SY	STEM ID#
	CEQUEL COMMUNICATIONS LLC		063624
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 servic∉ s amount, se	,570.00
	COPYRIGHT ROYALTY FEE		
L Copyright Royalty Fee	<ul> <li>Instructions: To compute the royalty fee you owe</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to 1.</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.</li> </ul>	\$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		
	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 Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
246	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# 063624
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	4 19
N Individual to Be Contacted	<b>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED</b> (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 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 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 herei	B; or system as identified vner of the cable system
	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)]           Image: Subscription of the best of my knowledge, information, and belief, and are made in good faith.           [18 U.S.C., Section 1001(1986)]           Image: Subscription of the best of my knowledge, information, and belief, and are made in good faith.           [18 U.S.C., Section 1001(1986)]           Image: Subscription of the best of my knowledge, information, and belief, and are made in good faith.           [18 U.S.C., Section 1001(1986)]           Image: Subscription of the best of my knowledge, information, and belief, and are made in good faith.           [18 U.S.C., Section 1001(1986)]           Image: Subscription of the best of my knowledge, information, and belief, and are made in good faith.           [18 U.S.C., Section 1001(1986)]           Image: Subscription of the best of my knowledge, information, and belief, and are made in good faith.           [18 U.S.C., Section 1001(1986)]           Image: Subscription of the best of my knowledge, information of partnership.           Date: Bottom beld in corporation or partnership.	

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ounting Period: 2020/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
QUEL COMMUNICATIONS LLC	06362
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: <ul> <li>"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 su scribers 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</li></ul>	Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpaymen For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	ıt. Q
	Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
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
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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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