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

STATEME	ENT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
	ry Transmissions by	DATE RECEIVED	AMOUNT	_
Cable Syste	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
A	ACCOUNTING PERIOD COVERED E	BY THIS STATEMENT: (YY 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)	
В	Instructions: Give the full legal name of the owner of th 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.	submit 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.	063729
	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	imper)		

 Image: Number, street, rural route, apartment, or suite number)

 TYLER, TX 75701

 (City, town, state, zip)

 INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.

 1
 IDENTIFICATION OF CABLE SYSTEM:

 CLAYTON WORK CAMP

 Mailing AdDRESS OF CABLE SYSTEM:

 2
 (Number, street, rural route, apartment, or suite 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 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
Humo	CEQUEL COMMUNICATIONS LLC	063729
	Instructions: List each separate community served by the cable system. A "co	
D	"a separate and distinct community or municipal entity (including unincorpor-	
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that	
	as the "first community." Please use it as the first community on all future fili	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or n	nobile home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	CLAYTON	IL
Community	(CLAYTON WORK CAMP)	
Rows as Necessary		
Rows as necessary		

	LEGAL NAME OF OWNER OF C								SA1-2E. P. <b>(STEN</b>	
Name								5	063	
Е	SECONDARY TRANSMISSION In General: The information in s					v transmission (	onvice of t	ha aabla		
-	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 server	•	,	0 , (				charged		
	<b>Rate:</b> 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	-		•						
	printed in block 1 (for example, t						,			
	with the number of subscribers a sufficient.	and rates, in the	e ngnt-n	and DIOCK. A ly	o- or thre	e-word descript	ion of the s	ervice is		
		OCK 1					BLOCK	2		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	САТЕ	EGORY OF SEF	RVICE	NO. OF SUBSCRIBER	s R/	ATE
	Residential:	COBCOTUB	LING	TUTE	0,111		(TIOE	CODOCIUDEI	- 10	
	Service to first set		0	_						
	Service to additional set(s)		Ŭ	-						
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial		37	40.71						
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC									
F	In General: Space F calls for ra									
Г	not covered in space E, that is, t									
Services	service for a single fee. There and 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	rate column.	-	-		-		0 /		
ransmissions:	Block 1: Give the standard ra									
	Block 2: List any services that	• •			-	• •				
Rates		separate charg		lade of establi	sned. List	these other ser	vices in the	ionn or a		
Rates	listed in block 1 and for which a	ntion and inclu		te for each						
Rates	listed in block 1 and for which a brief (two- or three-word) descrip			te for each.			1			
Rates	brief (two- or three-word) descrip	BLO	CK 1		<b>105</b>	DATE		BLOCK 2		<u> </u>
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE		CK 1 CATEG	ORY OF SER		RATE	CATEGO	BLOCK 2 DRY OF SERVI		ATE
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	BLO	CK 1 CATEG Installa	ORY OF SER' tion: Non-res		RATE	CATEGO			ATE
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	BLO	CK 1 CATEG Installa • Mot	ORY OF SER tion: Non-res el, hotel		RATE	CATEGO			ATE
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	BLO	CK 1 CATEG Installa • Mot • Con	ORY OF SER' <b>tion: Non-res</b> el, hotel nmercial		RATE	CATEGO			ATE
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	BLO	CK 1 CATEG Installa • Mot • Con • Pay	ORY OF SER' tion: Non-res el, hotel nmercial cable	dential	RATE	CATEGO			ATE
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	BLO	CK 1 CATEG Installa • Mot • Con • Pay • Pay	ORY OF SER' tion: Non-res el, hotel nmercial cable cable	dential	RATE	CATEGO			ATE
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	BLO	CK 1 CATEG Installa • Mot • Con • Pay • Pay • Fire	ORY OF SER' tion: Non-res el, hotel nmercial cable cable-add'l ch protection	dential	RATE	CATEGO			ATE
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	BLO	CK 1 CATEG Installa • Mot • Con • Pay • Pay • Fire • Burg	ORY OF SER tion: Non-res el, hotel mercial cable cable-add'l ch protection glar protection	dential	RATE	CATEGO			ATE
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s)	BLO	CK 1 CATEG Installa • Mot • Con • Pay • Pay • Fire • Burg	ORY OF SER' tion: Non-res el, hotel nmercial cable cable-add'I ch protection glar protection ervices:	dential	RATE	CATEGO			ATE
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE 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)	BLO	CK 1 CATEG Installa • Mot • Con • Pay • Pay • Fire • Burg Other s • Rec	ORY OF SER' tion: Non-res el, hotel mmercial cable cable-add'l ch protection glar protection ervices: onnect	dential	RATE	CATEGO			ATE
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s)	BLO	CK 1 CATEG Installa • Mot • Con • Pay • Pay • Fire • Burg Other s • Rec • Disc	ORY OF SER' tion: Non-res el, hotel mercial cable cable-add'I ch protection glar protection glar protection ervices: onnect connect	dential	RATE -	CATEGO			ATE
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE 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)	BLO	CK 1 CATEG Installa • Mot • Con • Pay • Pay • Fire • Burg Other s • Rec • Disc	ORY OF SER' tion: Non-res el, hotel mmercial cable cable-add'l ch protection glar protection ervices: onnect	dential	RATE -	CATEGO			ATE

ccounting Period: 2	2020/1			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF			SYSTEM ID#
	CEQUEL COMMUNIC			063729
G Primary Transmitters: 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 <b>Substitute Basis Stations</b> 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 <b>Column 1:</b> List each statior multicast stream associated "WETA-2" as the same on t <b>Column 2:</b> Give the channe of license. For example, W <b>Column 3:</b> Indicate in each educational station, by ente (for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location	TELEVISION entify every television station (including m during the accounting period, <i>excep</i> in 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: e in space G—but do list it in space I (t 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	<i>bt</i> (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- 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, ESPI e-air designation. For example, report evision station for broadcasting over the station, an independent station, or a (for network multicast), "I" (for independent or "E-M" (for noncommercial education uctions in the paper SA1-2 form. It the community to which the station is	levision stations) me basis under ms [sections ions carried on a stitute program .og)—if the o on some other ons. N, etc. Identify each rt multistream the air in its community the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KHQA-1	7	N	HANNIBAL, MO
	WGEM-1	10	N	QUINCY, IL
Add Rows as Necessary	WHOI-1	19	Ν	PEORIA, IL

LEGAL NAME OF								SYSTEM 063
	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 signal, 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	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 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	
0,122,01011	7 01 1 111	0,2		0.122 0.011	7	0,0		

Accounting Perio	od: 2020/1						FOR	VI SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	ATIONS L	LC					063729
	SUBSTITUTE CARRIAG				G			
I I	In General: In space I, ident	-	-			tion that you	ir oabla ava	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	vision prog	ram
Statement and		-		in ourry, on a substitute be	1010, any 11011			
Program Log	broadcast by a distant sta	lion?					YES	× NO
	Note: If your answer is "No	", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you i	must comple	ete the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI	E PROGRA	AMS					
	In General: List each subs				s wherever p	ossible, if th	eir meanin	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			le FCC or,	In
				stem carried the substitute			, with the r	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 tha	t vour syster	n was <i>rea</i> i	ired
	to delete under FCC rules							
	was substituted for program							-9.4
	effect on October 19, 1976							
				A		N SUBSTIT		7. REASON FOR
	5				-	AGE OCCL 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	
							-	
						_	-	
						_	-	
							-	
						_	-	
						_	_	
							-	
						-	-	
1	I		r	1		r		

Accounting Period:	2020/1	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC	063729
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 transmissio (as identified in space E) during the accounting period. For a further explanation of how to compute this amou 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.	n service
	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 \$263,8</li> <li>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.</li> </ul>	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 six- accounting period is \$52.00	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	
	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) \$ 1,31	9.00
	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)	5.00
	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 Cop See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more info	

Accounting Period:	2020/1					FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CEQUEL COMMUNICA					SYSTEM ID# 063729
M Channels	to its subscribers, and (2)	the cable system's t of channels on which broadcast stations of activated channel		uring the accounting period.		3
	-					49
N Individual to Be Contacted	INDIVIDUAL TO BE CON we can contact about this		ER INFORMATION IS NEEDED (Ic t.)	entify an individual to whom	1	
for Further Information	Name RODN	EY HASKINS			Telephone	(903) 579-3152
	(Number, TYLEI (City, towr Email		nent, or suite number)	Fax (optional)		
O Certification	• I, the undersigned, hereby	r certify that (Check o	ust be certified and signed in accord ne, <i>but only one</i> , of the boxes.) <b>artnership)</b> I am the owner of the ca			B; or
	in line 1 of sp X (Officer or part in line 1 of sp • I have examined the state	bace B and that the c ner) I am an officer ( bace B. ment of account and rect to the best of my	ttion or partnership) I am the duly a wner is not a corporation or partners if a corporation) or a partner (if a part hereby declare under penalty of law knowledge, information, and belief, i	nip; or nership) of the legal entity ide that all statements of fact cor	entified as ow	vner of the cable system
			X /s/ Alan Dannenbau Enter an electronic signature on the li Enter signature using an "/s/ signatur	ne above to certify this statem	nent.	
		Typed or printed Title: (Title of o	name: ALAN DANNENBA			
		Date:		8/14/2020	)	

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ounting Period: 2020/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
QUEL COMMUNICATIONS LLC	06372
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>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 subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."</li> </ul> </li> <li>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.</li> <li>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?</li> <li>NO</li> </ul>	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	
<u> </u>	
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 Interest Assessmen
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