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 COPYRIG	HT OFFICE USE ONLY	by email to:
		ansmissions by	DATE RECEIVED	AMOUNT	-
Cable Syste	·	,	9/1/2020	\$	For additional information, contact the U.S. Copyright Office Licensing Division at:
in the first tab	of this	workbook		ALLOCATION NUMBER	Tel: (202) 707-8150
A	ACC	OUNTING PERIOD COVERED E	1		
		2020/1	Period 1 = January 1 - June 30 Barcode Data Filing Period (optiona	Period 2 = July 1 - December 31 al - see instructions)	
Accounting Period		20201			
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	orporate title
Owner		List any other name or names under which	n the owner conducts the business of	the cable system.	
		If there were different owners during the a single statement of account and royalty fe		the last day of the accounting period should nting period.	
		Check here if this is the system's first filing	g. If not, enter the system's ID number	assigned by the Licensing Division.	000932
		LEGAL NAME OF OWNER/MAILING	GADDRESS OF CABLE SYSTEM		
		CEQUEL COMMUNICATIONS LLC			
		BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT	Γ)	
		SUDDENLINK COMMUNICATIONS			
		MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
		3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite no	umber)		
		TYLER, TX 75701			
		(City, town, state, zip)			
C		s already appear in space B. In line 2		ntify the business and operation of the ne system, if different from the addres	
System	1	IDENTIFICATION OF CABLE SYSTEM: SIBLEY, LA			
		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 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.

		FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	CEQUEL COMMUNICATIONS LLC	0009
	Instructions: List each separate community served by the cable system. A "	
D	"a separate and distinct community or municipal entity (including unincorport discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community t as the "first community." Please use it as the first community on all future t	orated communities within unincorporated areas and including single hat you list will serve as a form of system identification hereafter kno filings.
•	Note: Entities and properties such as hotels, apartments, condominiums, or	r mobile home parks should be reported in parentheses below the
Area Served	identified city.	
	CITY OR TOWN	STATE
First	SIBLEY	LA
Community	DOYLILNE	LA
	DUBBERLY	LA
ld Rows as Necessary	HEFLIN	LA
	LAKE BISTINEAU	LA
	RINGOLD	LA
	WEBSTER COUNTY	LA

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:				FORM SA1	
Name	CEQUEL COMMUNICA							00093
	SECONDARY TRANSMISSION							
E	In General: The information in s				ry transmission	service of	the cable	
	system, that is, the retransmissi				•			
Secondary	about other services (including p					those exist	ting on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Bot					hle system	broken	
scribers and	down by categories of secondar	-				•		
Rates	each category by counting the n	•	-	•	•			
	separately for the particular serv							
	Rate: Give the standard rate of unit in which it is generally billed							
	category, but do not include disc					s within a	particular rate	
	Block 1: In the left-hand block				condary transmis	sion servi	ce that cable	
	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		( )		e different f	from those	
	printed in block 1 (for example, t	tiers of services	s that include one	or more secor	ndary transmissi	ons), list th	em, together	
	with the number of subscribers a	and rates, in th	e right-hand blocl	c. A two- or three	ee-word descript	ion of the	service is	
	sufficient.	OCK 1				BLOCK	(2	
		NO. OF					NO. OF	DAT
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT
	Service to first set		692 34					
			092 34	.99				
	Service to additional set(s)							
	• FM radio (if separate rate)							
	Motel, hotel		22 45	0.E				
	Commercial Converter		23 45	.95				
	Residential							
	Non-residential							
	SERVICES OTHER THAN SEC			ATES				
-	In General: Space F calls for ra				all your cable sy	stem's serv	vices that were	
F	not covered in space E, that is, t	hose services	that are not offer	ed in combinati	ion with any sec	ondary trar	nsmission	
	service for a single fee. There a	•		•		• •	,	
Services Other Than	furnished at cost or (2) services amount of the charge and the up							
Secondary	enter only the letters "PP" in the		usually blicd. If		alarged on a val	abic pei-p	logram basis,	
ransmissions:	Block 1: Give the standard ra	te charged by t						
Rates	Block 2: List any services that			-	-			
	listed in block 1 and for which a brief (two- or three-word) descri		•		t these other ser	vices in the	e form of a	
						1		
		BLO		050 //05	DATE	0.175.0	BLOCK 2	
	CATEGORY OF SERVICE Continuing Services:	RATE	CATEGORY OF Installation: No		RATE	CATEGO	ORY OF SERVICE	RATE
	continuing services.	17.00	• Motel, hotel	n-residential				
	• Pay cable	17.00	Commercial					
	• Pay cable	10.00	- commercial					
	• Pay cable—add'l channel	19.00	<ul> <li>Pay cable</li> </ul>					I
	Pay cable—add'l channel     Fire protection	19.00	Pay cable     Pay cable-ac	ld'i channel				
	<ul> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> </ul>	19.00	• Pay cable-ac					
	<ul> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> </ul>		• Pay cable-ac • Fire protection	n				
	<ul> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> </ul>	99.00	<ul> <li>Pay cable-ac</li> <li>Fire protection</li> <li>Burglar protection</li> </ul>	n				
	<ul> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> </ul>	99.00	<ul> <li>Pay cable-ac</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Other services:</li> </ul>	n	40.00			
	<ul> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>	99.00	Pay cable-ac     Fire protection     Burglar prote     Other services:     Reconnect	n	40.00			
	<ul> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> </ul>	99.00	Pay cable-ac Fire protection Burglar protection Other services: Reconnect Disconnect	on ection				
	<ul> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>	99.00	Pay cable-ac     Fire protection     Burglar prote     Other services:     Reconnect	n cction tion	40.00 25.00 99.00			

inting Period: 2	2020/1			FORM SA1-2E. PA
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM
				000
	PRIMARY TRANSMITTERS:			
G Primary ansmitters: elevision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a <b>Substitute Basis Stations</b> basis under specific FCC r • Do <i>not</i> list the station her station was carried <i>only</i> or		<i>t</i> (1) stations carried only on a part he carriage of certain network prog 51(e)(2) and (4))]; and (2) certain st arried by your cable system on a s he Special Statement and Program	t-time basis under grams [sections tations carried on a substitute program n Log)—if the
	basis. For further information Column 1: List each station multicast stream associate	I also in space I, if the station was carried ion concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p ed with a station according to its over-the	, see page (v) of the general instruc program services such as HBO, ES	ctions. SPN, etc.  Identify each
	of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast) For the meaning of these to Column 4: Give the location	n the form. nel number the FCC assigned to the tele WRC is channel 4 in Washington, D.C. ch case whether the station is a network tering the letter "N" (for network), "N-M" ( i), "E" (for noncommercial educational), of terms, see page (iv) of the general instru- on of each station. For U.S. stations, list adian stations, if any, give the name of th	station, an independent station, or (for network multicast), "I" (for inde or "E-M" (for noncommercial educa uctions in the paper SA1-2 form. t the community to which the statio	r a noncommercial ependent), "I-M" ational multicast). on is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KLTS-1	24	E	SHREVEPORT, LA
	KLTS-HD1	24	E-M	SHREVEPORT, LA
s Necessary	KMSS-1	33	I	SHREVEPORT, LA
	KMSS-HD1	33	I-M	SHREVEPORT, LA
	KPXJ-1	21	I	MINDEN, LA
	KPXJ-2	21.2	E-M	MINDEN, LA
	KPXJ-3	21.3	I-M	MINDEN, LA
	KPXJ-4	21.4	I-M	MINDEN, LA
	KPXJ-HD1	21	I-M	MINDEN, LA
	KSHV-1	45	I	SHREVEPORT, LA
	KSHV-HD1	45	I-M	SHREVEPORT, LA
	KSLA-1	12	N	SHREVEPORT, LA
	KSLA-2	12.2	I-M	SHREVEPORT, LA
	KSLA-3	12.3	I-M	SHREVEPORT, LA
	KSLA-HD1	12	N-M	SHREVEPORT, LA
	KTAL-1	6	Ν	TEXARKANA, TX
	KTAL-HD1	6	N-M	TEXARKANA, TX
	KTBS-1	3	N	SHREVEPORT, LA
	KTBS-1	3.2	I-M	SHREVEPORT, LA
	N100-2	J.2	1-1V1	
	KIBG 3	23	I_M	
	KTBS-3 KTBS-HD1	3.3 3	I-M N-M	SHREVEPORT, LA SHREVEPORT, LA

EGAL NAME OF								SYSTEM 0009
	every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of i For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If signal, indicate Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stati this by placing ive the statior	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	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	7 101 01 1 101	0/B		ON LEE OIGHT		0/D		

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					000932
	SUBSTITUTE CARRIAG				G			
1		-	-			·····		4
•	In General: In space I, ident substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN				general in		ie paper e	
Special		-				actwork tolo	icion prog	rom
Statement and	During the accounting per	-	ul cable system	in carry, on a substitute ba	sis, any nom			
Program Log	broadcast by a distant sta	tion?					YES	X NO
	Note: If your answer is "No	", leave the	e rest of this pa	age blank. If your answer is	s "Yes," you i	nust comple	te the prog	gram
	log in block 2.				-			
	2. LOG OF SUBSTITUTI	E PROGRA	AMS					
	In General: List each subs			ate line. Use abbreviation	s wherever p	ossible, if the	eir meaning	g is
	clear. If you need more spa							
				vision program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.			1 1 5	,	1 /	,	
				er "Yes." Otherwise enter '				
				asting the substitute prog				
	the case of Mexican or Car			the community to which th			e FCC or,	IN
				stem carried the substitute			with the n	nonth
	first. Example: for May 7 gi				, bioðiann o			
				ogram was carried by you				ately
	to the nearest five minutes.	Example:	a program car	ried by a system from 6:01	:15 p.m. to 6	3:28:30 p.m.	should be	
	stated as "6:00–6:30 p.m."	or "D" if the	listed program	n was substituted for prog	romming that	t vour evetor	was rogu	irod
	to delete under FCC rules			n was substituted for prog				
	was substituted for program							ogram
	effect on October 19, 1976		, ,	1		5		
					Т			-
						N SUBSTIT		
	S		E PROGRAM			AGE OCCU 6. TIN		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	FROM –	- TO	
							-	
						_		
							-	
						_		
						-		
						_		
						_		
						_		
1				I				1

Accounting Period:	2020/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	/STEM ID# 000932
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you p all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary (as identified in space E) during the accounting period. For a further explanation of how to comput 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.	transmission service e this amount, se	9,295.46
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 equ Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,6 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 pa accounting period is \$52.00		
	Line 1. Royalty fee for accounting period		0.00
			0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2 BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$'		
	1. Base amount under statutory formula         \$ 263,800           2. Enter amount of gross receipts from space K         \$ 188,295		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K \$		
	5. Enter the amount from line 3	75,504.54	
	6. Subtract line 5 from line 4	<u> </u>	
	7. Multiply line 6 by .005 (enter figure here)		563.95
	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	\$	563.95
	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	.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)	· · · ·	
	6. Interest charge. Enter the amount from line 4, space Q, page 8		
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	···· <u> </u>	
	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)	563.95	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	583.95
	EFT Trace # or TRANSACTION ID #		
	Important: Your remittance must be in the form of an electronic payment payable to the Re See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab		

Accounting Period:	2020/1					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER					SYSTEM ID# 000932
M Channels	to its subscribers, and (2)	c) the cable system's r of channels on whic on broadcast stations r of activated channel tem carried television	total number of activa h the cable 	ted channels during the		21 286
N Individual to Be Contacted	INDIVIDUAL TO BE CO we can contact about thi	s statement of accou		IS NEEDED (Identify an		0 (903) 579 3453
for Further Information	Address 3015 (Numbe	S SE LOOP 322 or, street, rural route, apart ER, TX 75701 wm, state, zip)			Telephon	e (903) 579-3152
	Email	RODNEY.HAS	KINS@ALTICEUS	A.COM	Fax (optional)	
O Certification	I, the undersigned, here     (Owner other     (Agent of own     in line 1 of     X     (Officer or pa     in line 1 of	by certify that (Check than corporation or p ther other than corpor space B and that the space B. truner) I am an officer space B. tement of account and orrect to the best of m	one, <i>but only one</i> , of the partnership) I am the partnership) I am the partnership owner is not a corporation or a corporation) or a d hereby declare unde y knowledge, information	ne boxes.) owner of the cable system I am the duly authorized tion or partnership; or partner (if a partnership) of r penalty of law that all st ion, and belief, and are m	h Copyright Office regulations m as identified in line 1 of space agent of the owner of the cab of the legal entity identified as atements of fact contained her nade in good faith.	e B; or le system as identified owner of the cable system
		Typed or printe	Enter an electronic s Enter signature using	Dannenbaum gnature on the line above an "/s/ signature" (e.g., /		_
		Title: (Title of c	SVP, PROGRA			
		Date:			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	00093
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 fol- lowing 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 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 transmission made by satellite carriers to satellite dish owners? X NO	ub- Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name     Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpaymer For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
	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	Interest Assessme
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
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 Assessme
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