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

STATEMENT OF ACCOUNT	FOR COPYRIGH	T OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u> For additional information.
General instructions are located	03/02/21	\$	contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
in the first tab of this workbook		ALLOCATION NUMBER	-
Α			

A	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2020/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		20202 Barcode Data Filing Period (optional - see instructions)	
Accounting			
Period			
		Instructions:	
В		Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	
Owner		List any other name or names under which the owner conducts the business of the cable system.	
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	010736
		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	
		3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite number)	
		TYLER, TX 75701	
		(City, town, state, zip)	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system un s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space the system is the system of	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
	Ľ	BROOKFIELD, MO	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	

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Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	010736
D	Instructions: List each separate community served by the cable system. A "commun separate and distinct community or municipal entity (including unincorporated com unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will se community." Please use it as the first community on all future filings.	ity" is the same as a "community unit" as defined in FCC rules: "a munities within unincorporated areas and including single, discrete
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile city.	nome parks should be reported in parentheses below the identified
Served		
First	CITY OR TOWN BROOKFIELD	STATE MO
Community	LINN COUNTY(PORTIONS)	MO
lows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM							TEM ID
Name									01073
Е	SECONDARY TRANSMISSION In General: The information in s					v transmission s	service of	the cable	
—	system, that is, the retransmission			-		•			
Secondary	about other services (including p								
Transmission	last day of the accounting period	•				,			
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary	•					-		
Rates	each category by counting the n	•				•			
	separately for the particular serv	ice at the rate	indicate	d-not the numb	er of set	s receiving serv	vice).	-	
	Rate: Give the standard rate of								
	unit in which it is generally billed category, but do not include disc				/ standal	d rate variation	s within a	particular rate	
	Block 1: In the left-hand block				es of sec	ondary 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	-		•					
	printed in block 1 (for example, t						,.		
	with the number of subscribers a sufficient.	and rates, in the	e right-r	and DIOCK. A two	- or thre	e-wora descript	on of the s	service is	
		DCK 1					BLOC	٢2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		RATE	CATE	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:	COBCONID		TUTE	0/11			COBCOLUBEILO	
	Service to first set		219	34.99					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		20	45.95					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATES					
F	In General: Space F calls for rat	te (not subscrit	oer) info	rmation with resp	pect to a	ll your cable sys	tem's serv	vices that were	
F	not covered in space E, that is, t					,	,		
Services	service for a single fee. There and furnished at cost or (2) services								
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the								
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							were not	
Rates	listed in block 1 and for which a				-	-			
	brief (two- or three-word) descrip								
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SERVI	CE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:		Installa	ation: Non-resid	ential				
	• Pay cable	17.00	• Mo	tel, hotel					
	Pay cable—add'l channel	19.00	-	mmercial					
	Fire protection		-	/ cable					
	•Burglar protection		-	/ cable-add'l char	nnel				
	Installation: Residential			e protection					
	• First set	99.00		glar protection					
	<ul> <li>Additional set(s)</li> </ul>	25.00		services:					
			• Do			40.00			
	• FM radio (if separate rate)			connect		40.00			
	• FM radio (if separate rate) • Converter		• Dis	connect					
	,		• Dis • Out			25.00			

LEGAL NAME OF OWN			FORM SA1-2E. PAGE
	ER OF CABLE SYSTEM:		SYSTEM ID
CEQUEL COMMU			01073
G imary smitters: avision PRIMARY TRANSMITTI In General: In space carried by your cables FCC rules and regular 76.59(d)(2) and (4), 74 substitute program ba Substitute Basis Sta basis under specific F • Do not list the station station was carried orn • List the station here, basis. For further infor Column 1: List each s multicast stream asso "WETA-2" as the sam Column 2: Give the c of license. For examp Column 3: Indicate in educational station, by (for independent multi For the meaning of the	<b>ERS:</b> TELEVISION G, identify every television station (including trasset during the accounting period, <i>except</i> for ions in effect on June 24, 1981, permitting the 5.61(e)(2) and (4), or 76.63 (referring to 76.61 sis, as explained in the next paragraph. <b>tions:</b> With respect to any distant stations ca CC rules, regulations, or authorizations: In here in space G—but do list it in space I (the <i>ly</i> on a substitute basis. and also in space I, if the station was carried mation concerning substitute basis station; scall sign. <i>Do not</i> report origination priciated with a station according to its over-the- e on the form. hannel number the FCC assigned to the televiele, WRC is channel 4 in Washington, D.C. each case whether the station is a network s or entering the letter "N" (for network), "N-M" (for cast), "E" (for noncommercial educational), or ease terms, see page (iv) of the general instruct	(1) stations carried only on a part-til e carriage of certain network progra 1(e)(2) and (4))]; and (2) certain sta arried by your cable system on a sub e Special Statement and Program I both on a substitute basis and also see page (v) of the general instruct rogram services such as HBO, ESF -air designation. For example, repo- vision station for broadcasting over station, an independent station, or a for network multicast), "I" (for indepur r "E-M" (for noncommercial educati ctions in the paper SA1-2 form.	me basis under ams [sections tions carried on a bostitute program Log)—if the p on some other ions. PN, etc. Identify each ort multistream the air in its community in noncommercial endent), "I-M" ional multicast).
	Canadian stations, if any, give the name of th Canadian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER		
KCPT-1	19	E	KANSAS CITY, MO
KCTV-1	5	 N	KANSAS CITY, MO
s as Necessary KCWE-1	29	I	
			KANSAS CITY, MO
KMBC-1			KANSAS CITY, MO KANSAS CITY, MO
KMBC-1 KMCI-1	9		KANSAS CITY, MO
			KANSAS CITY, MO LAWRENCE, KS
KMCI-1 KSHB-1	9 38	N I	KANSAS CITY, MO LAWRENCE, KS KANSAS CITY, MO
KMCI-1 KSHB-1 KSMO-1	9 38 41 62	N I N I	KANSAS CITY, MO LAWRENCE, KS KANSAS CITY, MO KANSAS CITY, MO
KMCI-1 KSHB-1	9 38 41	N I	KANSAS CITY, MO LAWRENCE, KS KANSAS CITY, MO

EGAL NAME OF								SYSTEM I 0107
	every radio s	tation ca	rried on a separate and discr nerally receivable by your cab					н
eceivable if (1) n the basis of r or detailed info aper SA1-2 for <b>Column 1:</b> Id <b>Column 2:</b> Si	it is carried by nonitoring, to rmation abou m. entify the call tate whether t	y the sys be recei t the Co sign of e he statio	-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the pyright Office regulations on t each station carried. n is AM or FM.	t the system's hea system's FM ante this point, see pag	adend, and (2 nna, during ce ge (v) of the ge	) it can b ertain sta eneral in	e expected, ated intervals. structions in the.	Primary Transmitters Radio
gnal, indicate Column 4: G	this by placing ive the statior	g a checl n's locati	nal was electronically process wark in the "S/D" column. on (the community to which the the community with which the	ne station is licens	ed by the FC			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio							FOF	RM SA1-2E. PAGE 5
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS LL	_C					010736
Substitute	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the ar explanation of the programm	fy every non	network televis riod, under spe	<i>ion program,</i> broadcast by a cific present and former FC	C rules, regula	tions, or au	thorizations.	For a further
Carriage:	1. SPECIAL STATEMENT				<b>J</b>		- p - p - · · · · ·	
Special Statement and	<ul> <li>During the accounting per</li> </ul>				s, any nonnet	work televi	sion prograi	m
Program Log	broadcast by a distant sta	tion?	-	-	-		YES	× NO
	Note: If your answer is "No	", leave the	rest of this pag	je blank. If your answer is	'Yes," you mu	ist complete	e the progra	ım
	log in block 2. 2. LOG OF SUBSTITUTE							
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. <b>Column 2:</b> If the program <b>Column 3:</b> Give the call <b>Column 4:</b> Give the broat the case of Mexican or Can <b>Column 5:</b> Give the mor first. Example: for May 7 giv <b>Column 6:</b> State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	of every nor distant stati gulations, o ies like "mor Bulls." n was broad sign of the s adcast static adian statio th and day ve "5/7." es when the Example: a er "R" if the and regulatio ming that y	nnetwork televi ion and that yo r authorizations vies" or "baske dcast live, enter station broadca on's location (th ns, if any, the o when your syst substitute pro program carri- listed program ons in effect du	ision program ("substitute ur cable system substitute s. See page (v) of the gene tball." List specific program r "Yes." Otherwise enter "N isting the substitute progra ne community to which the community with which the tem carried the substitute p gram was carried by your ed by a system from 6:01: was substituted for progra ring the accounting period	d for the prog eral instruction n titles, for exi- lo." m. station is lice station is lice station is iden program. Use cable system. 15 p.m. to 6:2 umming that y ; enter the let	ramming of ns for furthe ample, "I Lo numerals, List the tim 8:30 p.m. s our system ter "P" if the	For the state of t	ation on. r onth ely ed
	s	UBSTITUT	F PROGRAM	1		N SUBSTI		7. REASON FO
	S	UBSTITUT 2. LIVE? Yes or No	E PROGRAM 3. STATION'S CALL SIGN			AGE OCC 6. 1		7. REASON FO DELETION
		2. LIVE?	3. STATION'S	4. STATION'S LOCATION	5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1		7. REASON FOF         DELETION         1

Accounting Period:	2020/2	FORM SA	1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	STEM ID 010736
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Entral all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ission service mount, see	3,247.61 ss receipts)
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 \$2 • Use block 3 if the amount of gross receipts in space K is more than \$63,800 but less than \$527,600 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	263,800	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for th accounting period is \$52.00 Line 1. Royalty fee for accounting period		<u>52.00</u> 0.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		52.00
	1. Base amount under statutory formula       \$       263,800.00         2. Enter amount of gross receipts from space K		
	7. Multiply line 6 by .005 (enter figure here)		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,	600)	
	1. Enter the amount of gross receipts from space K       \$       263,800.00         2. Base amount under statutory formula       \$       263,800.00         3. Subtract line 2 from line 1	1,319.00	
	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		
	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 15.00	1
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	EFT Trace # or TRANSACTION ID # <u>Important:</u> 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 mo		

Accounting Period:	2020/2					FORM SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM: MUNICATIONS LLC				SYSTEM ID# 010736
M Channels	to its subscriber 1. Enter the tota system carrie	s, and (2) the cable system's to I number of channels on which	channels on which the cable syst tal number of activated channels the cable	during the account	ing period.	9
		cable system carried television dcast services	broadcast stations			124
N Individual to Be Contacted		D BE CONTACTED IF FURTHE about this statement of account	R INFORMATION IS NEEDED ( .)	ldentify an individua	al to whom	
for Further Information	Name	RODNEY HASKINS			Telephone	(903) 579-3152
	Address	3027 S SE LOOP 323           (Number, street, rural route, apartme           TYLER, TX 75701           (City, town, state, zip)	nt, or suite number)			
	Email	RODNEY.HASKI	NS@ALTICEUSA.COM	Fa>	x (optional	
ο	CERTIFICATION	(This statement of account mus	t be certified and signed in accord	dance with Copyrigh	ht Office regulations)	
Certification		d, hereby certify that (Check one	, <i>but only one</i> , of the boxes.) <b>tnership)</b> I am the owner of the ca	ble system as identi	ified in line 1 of space B	; or
		of owner other than corporation	on or partnership) I am the duly a	uthorized agent of th		
	X (Offic		owner is not a corporation or partne		l entity identified as own	er of the cable system
		te, and correct to the best of my l	reby declare under penalty of law ti knowledge, information, and belief,			
			X /s/ Alan Dannenba	um		
			inter an electronic signature on the l inter signature using an "/s/ signatur			
		Typed or printed n	ame: ALAN DANNENB	AUM		
			SVP, PROGRAMMING of official position held in corporation or	partnership)		
		Date:			2/25/2021	

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	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
QUEL COMMUNICATIONS LLC	010736
<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:</li> <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> <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>X NO</li> <li>Y ES. Enter the total here and list the satellite carrier(s) below.</li> </ul>	P Special Statement Concerning Gross Receipts Exclusion
Name     Name       Mailing Address     Mailing Address	
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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
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