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 in the first tab of this workbook	03/02/21	ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		20202 Barcode Data Filing Period (optional - see instructions)
Accounting Period		
В		Instructions: 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.
		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 number) TYLER, TX 75701 (City, town, state, zip)
		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
С		s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM: PRAIRIE VIEW, TX
		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: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 038190
D Area	Instructions: List each separate community served by the cable system. A "cor separate and distinct community or municipal entity (including unincorporated unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or m	nmunity" is the same as a "community unit" as defined in FCC rules: "a d communities within unincorporated areas and including single, discrete will serve as a form of system identification hereafter known as the "first
Served	city.	
		STATE
First Community	PRAIRIE VIEW	TX
ld Rows as Necessary		

								FORM SA1	
Name									TEM IC 03819
	CEQUEL COMMUNICAT	IONS LLC							00013
F	SECONDARY TRANSMISSION								
E	In General: The information in s			-		•			
Secondary	system, that is, the retransmission about other services (including p								
Transmission	last day of the accounting period	, , ,	,		,				
Service: Sub-	Number of Subscribers: Both						ble system	ı, broken	
scribers and	down by categories of secondary								
Rates	each category by counting the n							charged	
	separately for the particular serv Rate: Give the standard rate c							ge and the	
	unit in which it is generally billed								
	category, but do not include disc	ounts allowed	for adva	ince payment.					
	Block 1: In the left-hand block			-					
	systems most commonly provide that applies to your system. Note								
	categories, that person or entity			-		-			
	subscriber who pays extra for ca						•		
	first set" and would be counted o	0			• • •				
	Block 2: If your cable system	-		•					
	printed in block 1 (for example, t with the number of subscribers a								
	sufficient.		s ngn-n			e-word descript			
	BLC	DCK 1					BLOC		1
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		RATE	CATE	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:								
	Service to first set		154	34.99					
	 Service to additional set(s) 								
	 FM radio (if separate rate) 								
	Motel, hotel								
	Commercial		3	45.95					
	Converter								
	• Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	SIONS: RATES					
F	In General: Space F calls for rat	te (not subscrib	per) info	rmation with resp	ect 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 ar furnished at cost or (2) services			•			0.		
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		,	,,					
ransmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that listed in block 1 and for which a				•	•			
	brief (two- or three-word) descrip				eu. Lisi	lifese olifer ser			
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SERVIO	CE	RATE	CATEG	ORY OF SERVICE	RATI
	Continuing Services:			tion: Non-reside					
	• Pay cable	17.00	• Mot	el, hotel					
	• Pay cable—add'l channel	19.00	• Con	nmercial					
	Fire protection		• Pay	cable					
	•Burglar protection		• Pay	cable-add'l chan	inel				
	Installation: Residential		• Fire	protection					
	• First set	99.00	• Bur	glar protection					
	Additional set(s)	25.00		ervices:					
	• FM radio (if separate rate)		• Rec	onnect		40.00			
	• Converter		• Disc	connect					
				let relocation		25.00			
			• Mo\	e to new addres	s	99.00			

	2020/2			FO	RM SA1-2E. PAGE			
Name	LEGAL NAME OF OWNER OF				SYSTEM ID			
	CEQUEL COMMUNIC				03819			
	PRIMARY TRANSMITTERS:							
G	carried by your cable system FCC rules and regulations	entify every television station (including tr m during the accounting period, <i>except</i> (in effect on June 24, 1981, permitting the	(1) stations carried only on a part-tile e carriage of certain network progra	me basis under Ims [sections				
Primary ansmitters: elevision	substitute program basis, a Substitute Basis Stations	e)(2) and (4), or 76.63 (referring to 76.61) s explained in the next paragraph. With respect to any distant stations car						
	 basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. 							
	basis. For further information Column 1: List each station	also in space I, if the station was carried I on concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination pro	see page (v) of the general instructi ogram services such as HBO, ESF	ons. N, etc. Identify each				
	"WETA-2" as the same on a Column 2: Give the channel	el number the FCC assigned to the televi						
		/RC is channel 4 in Washington, D.C. n case whether the station is a network st	tation, an independent station, or a	noncommercial				
	educational station, by ente	ring the letter "N" (for network), "N-M" (fo	or network multicast), "I" (for indepe	endent), "I-M"				
		, "E" (for noncommercial educational), or erms, see page (iv) of the general instruc		onal multicast).				
	Column 4: Give the locatio	on of each station. For U.S. stations, list t	the community to which the station	,				
	FCC. For Mexican or Cana	dian stations, if any, give the name of the	e community with which the station	is identified.				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF S	TATION			
	KETH-1	14	I	HOUSTON, TX				
	KFTH-1	67	I	ALVIN, TX				
s as Necessary	KHOU-1	11	N	HOUSTON, TX				
	KIAH-1	39	I	HOUSTON, TX				
	KPRC-1	2	N	HOUSTON, TX				
	КРХВ-1	49	1	CONDOF TY				
	RPAD-I		-	CONROE, TX				
	KRIV-1	26	I	HOUSTON, TX				
	KRIV-1	26	 	HOUSTON, TX				
	KRIV-1 KTBU-1	26 55	- 	HOUSTON, TX CONROE, TX				
	KRIV-1 KTBU-1 KTMD-1	26 55 47	- 	HOUSTON, TX CONROE, TX GALVESTON, TX				
	KRIV-1 KTBU-1 KTMD-1 KTRK-1	26 55 47 13		HOUSTON, TX CONROE, TX GALVESTON, TX HOUSTON, TX				
	KRIV-1 KTBU-1 KTMD-1 KTRK-1 KTXH-1	26 55 47 13 20		HOUSTON, TX CONROE, TX GALVESTON, TX HOUSTON, TX HOUSTON, TX				
	KRIV-1 KTBU-1 KTMD-1 KTRK-1 KTXH-1 KUBE-1	26 55 47 13 20 57	 	HOUSTON, TX CONROE, TX GALVESTON, TX HOUSTON, TX HOUSTON, TX BAYTOWN, TX				
	KRIV-1 KTBU-1 KTMD-1 KTRK-1 KTXH-1 KUBE-1 KUHT-1	26 55 47 13 20 57 8	 	HOUSTON, TX CONROE, TX GALVESTON, TX HOUSTON, TX HOUSTON, TX BAYTOWN, TX HOUSTON, TX				
	KRIV-1 KTBU-1 KTMD-1 KTRK-1 KTXH-1 KUBE-1 KUHT-1 KYAZ-1	26 55 47 13 20 57 8 8 51	 	HOUSTON, TX CONROE, TX GALVESTON, TX HOUSTON, TX HOUSTON, TX BAYTOWN, TX HOUSTON, TX KATY, TX				
	KRIV-1 KTBU-1 KTMD-1 KTRK-1 KTXH-1 KUBE-1 KUHT-1 KYAZ-1	26 55 47 13 20 57 8 8 51	 	HOUSTON, TX CONROE, TX GALVESTON, TX HOUSTON, TX HOUSTON, TX BAYTOWN, TX HOUSTON, TX KATY, TX				
	KRIV-1 KTBU-1 KTMD-1 KTRK-1 KTXH-1 KUBE-1 KUHT-1 KYAZ-1	26 55 47 13 20 57 8 8 51	 	HOUSTON, TX CONROE, TX GALVESTON, TX HOUSTON, TX HOUSTON, TX BAYTOWN, TX HOUSTON, TX KATY, TX				
	KRIV-1 KTBU-1 KTMD-1 KTRK-1 KTXH-1 KUBE-1 KUHT-1 KYAZ-1	26 55 47 13 20 57 8 8 51	 	HOUSTON, TX CONROE, TX GALVESTON, TX HOUSTON, TX HOUSTON, TX BAYTOWN, TX HOUSTON, TX KATY, TX				
	KRIV-1 KTBU-1 KTMD-1 KTRK-1 KTXH-1 KUBE-1 KUHT-1 KYAZ-1	26 55 47 13 20 57 8 8 51	 	HOUSTON, TX CONROE, TX GALVESTON, TX HOUSTON, TX HOUSTON, TX BAYTOWN, TX HOUSTON, TX KATY, TX				
	KRIV-1 KTBU-1 KTMD-1 KTRK-1 KTXH-1 KUBE-1 KUHT-1 KYAZ-1	26 55 47 13 20 57 8 8 51	 	HOUSTON, TX CONROE, TX GALVESTON, TX HOUSTON, TX HOUSTON, TX BAYTOWN, TX HOUSTON, TX KATY, TX				
	KRIV-1 KTBU-1 KTMD-1 KTRK-1 KTXH-1 KUBE-1 KUHT-1 KYAZ-1	26 55 47 13 20 57 8 8 51	 	HOUSTON, TX CONROE, TX GALVESTON, TX HOUSTON, TX HOUSTON, TX BAYTOWN, TX HOUSTON, TX KATY, TX				

EGAL NAME OF								SYSTEM 038
	t every radio s	tation ca	rried on a separate and discrence of the second s					н
eceivable if (1) in the basis of a for detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, 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 it the Co sign of e he statio ion's sign g a checl n's locatio	-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s pyright Office regulations on t each station carried. n is AM or FM. nal was electronically process < mark in the "S/D" column. on (the community to which the	t the system's hea system's FM ante his point, see pag ed by the cable s e station is licens	adend, and (2) nna, during ce ge (v) of the ge ystem as a se sed by the FCC) it can b ertain sta eneral in parate a	e expected, ated intervals. structions in the. nd discrete	Primary Transmitters Radio
				1		C/D		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio							FOR	M SA1-2E. PAGE 5
Name	LEGAL NAME OF OWNER OF							SYSTEM ID# 038190
	SUBSTITUTE CARRIAGE		I STATEMEN					
Substitute	In General: In space I, identi substitute basis during the a explanation of the programm	ify every nor ccounting pe	network televis priod, under spe	<i>ion program,</i> broadcast by a cific present and former FC	C rules, regula	tions, or a	uthorizations.	For a further
Carriage:	1. SPECIAL STATEMENT	-			<u>.</u>		<u> </u>	
Special Statement and	During the accounting per	iod, did you	r cable system	carry, on a substitute basi	s, any nonne	work telev	<u>vision</u> program	ı
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 comple	te the program	n
	log in block 2.							
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograr Column 3: Give the call Column 4: Give the broat the case of Mexican or Car Column 5: Give the more first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	titute progra ice, please a of every noi distant stati gulations, o ies like "mo Bulls." n was broad sign of the s adcast static hadian static adian static th and day ve "5/7." es when the Example: a er "R" if the and regulation	im on a separa add additional r 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 e substitute pro program carri- listed program ons in effect du	rows to the tables. ision program ("substitute pur cable system substituteds. See page (v) of the gene itball." List specific program r "Yes." Otherwise enter "N asting the substitute progra ne community to which the community with which the si tem carried the substitute p gram was carried by your of ed by a system from 6:01:" was substituted for progra ring the accounting period	brogram") that d for the prog and instruction in titles, for ex- lo." m. station is lice station is iden brogram. Use cable system. 5 p.m. to 6:2 mming that y c enter the let	t, during th ramming c ns for furth ample, "I L nsed by th tified). numerals List the tin 8:30 p.m. our systen ter "P" if th	he accounting of another stat er information ove Lucy" or e FCC or, in , with the mor mes accurate should be in was <i>require</i> e listed progr	tion n. nth ly
	s	UBSTITUT	E PROGRAM		WHEN SUBSTITUTE CARRIAGE OCCURRED 7. RE			7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES — TO	DELETION
							_	
							_	
							_	
							_	
							_	
							_	

Accounting Period:	2020/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SY	STEM ID# 038190
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Entral 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	,332.83 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 \$263,800 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 Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for the		
	Line 1. Royalty fee for accounting period Line 4, space Q, page 8		<u>52.00</u> 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 \$137,1		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)		0.00
	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 \$ 3. Subtract line 2 from line 1		
	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) \$ 2. Filing Fee (See the instructions for more information on filing fee calculations) \$ 3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD Add lines 2 and 2	52.00 15.00	67.00
	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# 038190
M Channels	to its subscriber 1. Enter the tota	ou must give (1) the number of s, and (2) the cable system's to Il number of channels on which ed television broadcast stations	tal number of active the cable	vated channels during the a	accounting period.	15
	2. Enter the tota on which the	I number of activated channels cable system carried television dcast services	broadcast station	5		54
N Individual to Be Contacted		D BE CONTACTED IF FURTHE about this statement of accoun		I IS NEEDED (Identify an i	ndividual to whom	
for Further Information	Name	RODNEY HASKINS			Telephone	<u>(903) 579-3152</u>
	Address	3015 S SE LOOP 323 (Number, street, rural route, apartme TYLER, TX 75701 (City, town, state, zip)	ent, or suite number)			
	Email	RODNEY.HASKI	NS@ALTICEUS	A.COM	Fax (optional	
ο	CERTIFICATION	(This statement of account mus	t be certified and s	signed in accordance with (Copyright Office regulations)	
Certification		d, hereby certify that (Check one				
		r other than corporation or par				
		in line 1 of space B and that the er or partner) I am an officer (if	owner is not a corp	oration or partnership; or		
		in line 1 of space B. the statement of account and he te, and correct to the best of my ion 1001(1986)]				
				n Dannenbaum		
				ignature on the line above to g an "/s/ signature" (e.g., /s/	•	
		Typed or printed r	name: ALAN	DANNENBAUM		
			SVP, PROGR	AMMING d 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	038190
 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? NO YES. Enter the total here and list the satellite carrier(s) below. 	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 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment
x	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment
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