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 COPYRIGE	HT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov
General instructions are located in the first tab of this workbook	03/02/21	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A ACCOUNTING PERIOD COVERED E	3Y THIS STATEMENT: (YY	 YY/(Period))	

Α	ACC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting		20202 Barcode Data Filing Period (optional - see instructions)
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
		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 unless these 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:
		ALBANY, 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# 004257
D Area Served	Instructions: List each separate community served by the cable system. A "co separate and distinct community or municipal entity (including unincorporate unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or r city.	community" is the same as a "community unit" as defined in FCC rules: "a ed communities within unincorporated areas and including single, discrete st will serve as a form of system identification hereafter known as the "first
Served		
First Community	CITY OR TOWN ALBANY	STATE TX
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	BI E SYSTEM							TEM ID
Name	CEQUEL COMMUNICAT								00425
E	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	ay cable) in sp	ace F, I	not here. All the f	facts you	state must be			
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both	`		,	,	,	hla avatam	brokon	
scribers and	down by categories of secondary	•					,	,	
Rates	each category by counting the n			•		•			
	separately for the particular serv								
	Rate: Give the standard rate c unit in which it is generally billed								
	category, but do not include disc				Junua		5 Within a		
	Block 1: In the left-hand block	•		•					
	systems most commonly provide that applies to your system. Not							0,	
	categories, that person or entity			-		-			
	subscriber who pays extra for ca						•		
	first set" and would be counted of							с	
	Block 2: If your cable system printed in block 1 (for example, t	•							
	with the number of subscribers a					•	,	-	
	sufficient.	,	0			•			
	BLC	DCK 1 NO. OF					BLOC	X 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATE	GORY OF SEF	RVICE	SUBSCRIBERS	RATE
	Residential:								
	Service to first set		91	34.99					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		17	45.95					
	Converter								
	Residential Non-residential								
	• Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATES					
F	In General: Space F calls for rat	•	,			, ,			
F	not covered in space E, that is, t service for a single fee. There ar					,	,		
Services	furnished at cost or (2) services								
Other Than	amount of the charge and the ur		usually	billed. If any rate	es are ch	arged on a vari	able per-p	rogram basis,	
Secondary Fransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat		ho cobl	o avetom for ogal	h of tho	annliaghla convi	oog ligtod		
Rates	Block 2: List any services that							t were not	
	listed in block 1 and for which a				-	-			
	brief (two- or three-word) descrip	tion and includ	le the ra	ate for each.			_		
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SERVI		RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:	47.00		ation: Non-resid	ential				
	Pay cable Add'l channel	17.00		tel, hotel					
	Pay cable—add'l channel Eire protection	19.00	_	mmercial / cable					
	Fire protection Burglar protection			/ cable / cable-add'l chai	nnel				
	•Burgiar protection			e protection					
	First set	99.00		glar protection					
	Additional set(s)	25.00		services:					
	• FM radio (if separate rate)	20.00		connect		40.00			
	Converter			connect		10.00			
				tlet relocation		25.00			
	1								
			• Mo	ve to new addres	s	99.00			

ccounting Period: 2	2020/2			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM II
	CEQUEL COMMUNIC	ATIONS LLC		00425
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary	carried by your cable syster FCC rules and regulations i	entify every television station (including tu m during the accounting period, <i>except</i> (in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.61	 stations carried only on a part-tir e carriage of certain network progra 	me basis under Ims [sections
Transmitters: Television	substitute program basis, as Substitute Basis Stations	s explained in the next paragraph. With respect to any distant stations calules, regulations, or authorizations:		
	• Do not list the station here station was carried only on	e in space G—but do list it in space I (the		
	basis. For further information Column 1: List each station	on concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination pr	see page (v) of the general instruction rogram services such as HBO, ESP	ons. N, etc. Identify each
	"WETA-2" as the same on t	d with a station according to its over-the- the form. el number the FCC assigned to the telev		
		/RC is channel 4 in Washington, D.C. n case whether the station is a network s	tation on independent station or a	
	educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the locatio	ring the letter "N" (for network), "N-M" (f, "E" (for noncommercial educational), or erms, see page (iv) of the general instruct on of each station. For U.S. stations, list the dian stations, if any, give the name of the	for network multicast), "I" (for indepe r "E-M" (for noncommercial education ctions in the paper SA1-2 form. the community to which the station i	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
	KIDZ-1	42	I	ABILENE, TX
	KPCB-1	17	I	SNYDER, TX
ws as Necessary	KRBC-1	9	N	ABILENE, TX
	KRMA-1	6	Е	DENVER, CO
	KTAB-1	32	N	ABILENE, TX
	KTXS-1	12	N	SWEETWATER, TX
	KTXS-2	12.2	I-M	SWEETWATER, TX
	KXVA-1	15	I	ABILENE, TX

EGAL NAME OF								SYSTEM 004
	t every radio s	tation ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) in the basis of 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 abour m. lentify the call tate whether t the radio stati this by placing sive the station	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 at ved at the headend, with the s opyright Office regulations on t each station carried. In 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 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
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
CALL SIGN		5/0	LOCATION OF STATION	CALL SIGN		5/0	LOCATION OF STATION	

Accounting Perio								A
Name								SYSTEM ID
	CEQUEL COMMUNICA	ATIONS LL	_C					004257
Substitute	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the a explanation of the programm	ify every non	network televisi eriod, under spe	<i>ion program,</i> broadcast by cific present and former FC	a <i>distant</i> static C rules, regula	tions, or au	uthorizations.	For a further
Carriage:	1. SPECIAL STATEMENT				general mear			
Special Statement and	During the accounting per				is, any nonnel	work telev	ision progra	m
Program Log	broadcast by a distant stat	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 complet	te the progra	am
	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 program Column 3: Give the call Column 4: Give the broat the case of Mexican or Can Column 5: Give the more first. Example: for May 7 give	ace, please a of every nor distant stati egulations, o ries like "mo Bulls." m was broad sign of the s adcast static hadian statio hth and day ve "5/7." es when the	add additional r nnetwork televi ion and that you r authorizations vies" or "baske dcast live, enter station broadca on's location (th nns, if any, the o when your syst substitute pro	rows to the tables. ision program ("substitute ur cable system substitute s. See page (v) of the gen taball." List specific program r "Yes." Otherwise enter "I asting the substitute program the community to which the community with which the tem carried the substitute gram was carried by your	program") tha ed for the prog eral instruction m titles, for ex No." am. e station is lice station is liden program. Use cable system.	t, during th ramming o ns for furth ample, "I L nsed by the tified). numerals, List the tir	e accountin if another sta er informatio ove Lucy" of e FCC or, in with the mo	g ation on. r
		and regulation nming that y	ons in effect du	e	l; enter the let	ter "P" if th	e listed prog	
	Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976.	and regulation nming that y	ons in effect du	ring the accounting period s permitted to delete unde	l; enter the let er FCC rules a	ter "P" if th	e listed prog ions in TTUTE	ram 7. REASON FOR
	Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976.	and regulation nming that y	ons in effect du rour system wa	ring the accounting period s permitted to delete unde	l; enter the let er FCC rules a	ter "P" if th nd regulati N SUBST	e listed prog ions in TTUTE	ıram
	Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976.	and regulation nming that y	E PROGRAM	ring the accounting period s permitted to delete unde	t; enter the let er FCC rules a WHE CARRI 5. MONTH	ter "P" if th nd regulati	e listed prog ions in TTUTE CURRED TIMES	ram 7. REASON FO
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	Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976.	and regulation nming that y	E PROGRAM	ring the accounting period s permitted to delete unde	I; enter the let FCC rules a WHE CARRI 5. MONTH	ter "P" if th nd regulati	e listed prog ions in TTUTE CURRED TIMES	ram 7. REASON FO
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Accounting Period:	2020/2	FORM SA	1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	STEM ID 004257
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	2,584.79 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 accounting period is \$52.00 Line 1. Royalty fee for accounting period Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		52.00 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 \$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) . 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 \$ 3. Subtract line 2 from line 1	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	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# 004257
M Channels	to its subscriber 1. Enter the tota	ou must give (1) the number of s, and (2) the cable system's to I number of channels on which d television broadcast stations	al number of activated channe he cable	Is during the accounting pe	eriod.	8
	on which the	I number of activated channels cable system carried television dcast services				58
N Individual to Be Contacted		BE CONTACTED IF FURTHE about this statement of account) (Identify an individual to w	hom	
for Further Information	Name Address	RODNEY HASKINS			Telephone	<u>(903) 579-3152</u>
		(Number, street, rural route, apartme TYLER, TX 75701 (City, town, state, zip)	nt, or suite number)			
	Email	RODNEY.HASKI	NS@ALTICEUSA.COM	Fax (option	onal	
ο		This statement of account mus	-	ordance with Copyright Offic	ce regulations)	
Certification		d, hereby certify that (Check one r other than corporation or par		cable system as identified in	l line 1 of space E	3; or
		of owner other than corporati in line 1 of space B and that the			ner of the cable s	ystem as identified
		er or partner) I am an officer (if an in line 1 of space B.	corporation) or a partner (if a p	artnership) of the legal entity	r identified as owr	ner of the cable system
		the statement of account and he te, and correct to the best of my ion 1001(1986)]				
			X /s/ Alan Dannenb			
			nter an electronic signature on th nter signature using an "/s/ signa		tement.	
		Typed or printed r	ame: ALAN DANNEN	BAUM		
			SVP, PROGRAMMING of official position held in corporation	or partnership)		
		Date:		2/25/2	2021	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office 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 Office'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.

ounting Period: 2020/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
QUEL COMMUNICATIONS LLC	00425
 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	
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a 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	Q Interest Assessment
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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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 Assessment

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