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	T OFFICE USE ONLY	Return completed workbook by email to:
Cable Syste	ery Transmissions by ems (Short Form) actions are located	DATE RECEIVED	AMOUNT \$	<u>coplicsoa@copyright.gov</u> 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
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YYY Period 1 = January 1 - June 30 Barcode Data Filing Period (optional -	Period 2 = July 1 - December 31	

		2020/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
			1		
		20202	Barcode Data Filing Period (optional -	see instructions)	
Accounting Period					
В		Instructions: Give the full legal name of the owner of the the subsidiary, not that of the parent corpo		ary of another corporation, give the full corporate title of	
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 a statement of account and royalty fee paym	÷	last day of the accounting period should submit a single d.	
		Check here if this is the system's first filing.	If not, enter the system's ID number as	igned by the Licensing Division.	060289
		_			
		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	imber)		
		TYLER, TX 75701	aniber)		
		(City, town, state, zip)			
С				fy the business and operation of the system ur system, if different from the address given in s	
System	1	IDENTIFICATION OF CABLE SYSTEM:			
		MONTEREY, CA			
		MAILING ADDRESS OF CABLE SYSTEM:			
	2	(Number, street, rural route, apartment, or suite nu	umber)		
		(City, town, state, zip code)			

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Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	060289
D	Instructions: List each separate community served by the cable system. A "community" separate and distinct community or municipal entity (including unincorporated commununicorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve community." Please use it as the first community on all future filings.	is the same as a "community unit" as defined in FCC rules: "a nities within unincorporated areas and including single, discrete as a form of system identification hereafter known as the "first
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hom city.	ne parks should be reported in parentheses below the identified
Serveu		
First	CITY OR TOWN MONTEREY	STATE CA
First Community	CSU-MONTEREY BAY	CA
community	POM	CA
D	PRESIDIO	CA
Rows as Necessary	SPECIAL MILITARY ACCT	CA
		<u>UA</u>

	LEGAL NAME OF OWNER OF CA	BI E SYSTEM							TEM ID
Name	CEQUEL COMMUNICAT								06028
E	SECONDARY TRANSMISSION In General: The information in s					rv transmission	service of	the cable	
_	system, that is, the retransmission	-		-		•			
Secondary	about other services (including p								
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				ly standa		5 Within a		
	Block 1: In the left-hand block	•		•					
	systems most commonly provide							0,	
	that applies to your system. Not categories, that person or entity			-		-			
	subscriber who pays extra for ca						•		
	first set" and would be counted o								
	Block 2: If your cable system	•		•					
	printed in block 1 (for example, t with the number of subscribers a					•	,.		
	sufficient.								
	BLC	DCK 1 NO. OF	. 1				BLOC	( 2 NO. OF	1
	CATEGORY OF SERVICE	SUBSCRIBI		RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE
	Residential:								
	Service to first set		248	34.99					
	<ul> <li>Service to additional set(s)</li> </ul>								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		8	45.95					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATES					
F	In General: Space F calls for rat		'			, ,			
I.	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 ra	tes are ch	narged on a vari	able per-p	rogram basis,	
Secondary Fransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat		he cabl	e system for ea	ch of the	annlicable servi	nas listad		
Rates	Block 2: List any services that							t were not	
	listed in block 1 and for which a	separate charg	ge was r	nade or establis	shed. List	these other ser	vices in the	e form of a	
	brief (two- or three-word) descrip	tion and includ	le the ra	ate for each.					
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		BORY OF SERV		RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:	47.00		ation: Non-resi	dential				
	Pay cable     Add'l channel	17.00	•	tel, hotel mmercial					
	Pay cable—add'l channel     Fire protection	19.00	_	mmerciai y cable					
	•Burglar protection		1 -	y cable-add'l cha	annel				
	Installation: Residential		· ·	e protection					
	First set	99.00		glar protection					
	Additional set(s)	25.00		services:					
	• FM radio (if separate rate)	_0.00		connect		40.00			
	• Converter		•	connect					
			•	tlet relocation		25.00			
				ve to new addre	ess	99.00			
					ess				

unting Period: 2	2020/2			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM ID
	CEQUEL COMMUNIC	ATIONS LLC		06028
	PRIMARY TRANSMITTERS:			
G Primary ransmitters: Television	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 rr • Do <i>not</i> list the station her station was carried <i>only</i> on • List the station here, and basis. For further informatic <b>Column 1:</b> List each statio multicast stream associate "WETA-2" as the same on <b>Column 2:</b> Give the chann of license. For example, W <b>Column 3:</b> Indicate in each educational station, by ente (for independent multicast) For the meaning of these to	also in space I, if the station was carried on concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination pr d with a station according to its over-the-	(1) stations carried only on a part-tin e carriage of certain network progra (e)(2) and (4))]; and (2) certain stat rried by your cable system on a sub e Special Statement and Program L both on a substitute basis and also see page (v) of the general instructi ogram services such as HBO, ESP air designation. For example, repo- rision station for broadcasting over tation, an independent station, or a or network multicast), "I" (for indepen- tications in the paper SA1-2 form.	me basis under muss [sections tions carried on a stitute program .og)—if the on some other ons. N, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M" onal multicast).
		dian stations, if any, give the name of the		
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KCBA-1	35	I	SALINAS, CA
	KCBA-HD1	35	I-M	SALINAS, CA
Rows as Necessary	KICU-1	36	l	SAN JOSE, CA
	KION-1	46	N	MONTEREY, CA
	KION-2	46.2	I-M	MONTEREY, CA
	KION-HD1	46	N-M	MONTEREY, CA
	KMUV(KION)-1	11		MONTEREY, CA
			I	
	KQED-1	9	E	SAN FRANCISCO, CA
	KQED-1 KQED-2	9 9.2	E E-M	
				SAN FRANCISCO, CA
	KQED-2	9.2	E-M	SAN FRANCISCO, CA SAN FRANCISCO, CA
	KQED-2 KQED-HD1	9.2 9	E-M E-M	SAN FRANCISCO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA
	KQED-2 KQED-HD1 KSBW-1	9.2 9 8	E-M E-M N	SAN FRANCISCO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SALINAS, CA
	KQED-2 KQED-HD1 KSBW-1 KSBW-2	9.2 9 8 8.2	E-M E-M N N-M	SAN FRANCISCO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SALINAS, CA SALINAS, CA
	KQED-2 KQED-HD1 KSBW-1 KSBW-2 KSBW-HD1	9.2 9 8 8.2 8	E-M E-M N N-M N-M	SAN FRANCISCO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SALINAS, CA SALINAS, CA SALINAS, CA
	KQED-2 KQED-HD1 KSBW-1 KSBW-2 KSBW-HD1 KSBW-HD2	9.2 9 8 8.2 8 8 8.2	E-M E-M N N-M N-M	SAN FRANCISCO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SALINAS, CA SALINAS, CA SALINAS, CA SALINAS, CA
	KQED-2 KQED-HD1 KSBW-1 KSBW-2 KSBW-HD1 KSBW-HD2	9.2 9 8 8.2 8 8 8.2	E-M E-M N N-M N-M	SAN FRANCISCO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SALINAS, CA SALINAS, CA SALINAS, CA SALINAS, CA
	KQED-2 KQED-HD1 KSBW-1 KSBW-2 KSBW-HD1 KSBW-HD2	9.2 9 8 8.2 8 8 8.2	E-M E-M N N-M N-M	SAN FRANCISCO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SALINAS, CA SALINAS, CA SALINAS, CA SALINAS, CA
	KQED-2 KQED-HD1 KSBW-1 KSBW-2 KSBW-HD1 KSBW-HD2	9.2 9 8 8.2 8 8 8.2	E-M E-M N N-M N-M	SAN FRANCISCO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SALINAS, CA SALINAS, CA SALINAS, CA SALINAS, CA
	KQED-2 KQED-HD1 KSBW-1 KSBW-2 KSBW-HD1 KSBW-HD2	9.2 9 8 8.2 8 8 8.2	E-M E-M N N-M N-M	SAN FRANCISCO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SALINAS, CA SALINAS, CA SALINAS, CA SALINAS, CA
	KQED-2 KQED-HD1 KSBW-1 KSBW-2 KSBW-HD1 KSBW-HD2	9.2 9 8 8.2 8 8 8.2	E-M E-M N N-M N-M	SAN FRANCISCO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SALINAS, CA SALINAS, CA SALINAS, CA SALINAS, CA
	KQED-2 KQED-HD1 KSBW-1 KSBW-2 KSBW-HD1 KSBW-HD2	9.2 9 8 8.2 8 8 8.2	E-M E-M N N-M N-M	SAN FRANCISCO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SALINAS, CA SALINAS, CA SALINAS, CA SALINAS, CA

CEQUEL CO	MMUNICA							SYSTEM 060
	every radio s	tation ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) in the basis of r for detailed info aper SA1-2 for Column 1: Id Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation abou m. entify 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	I-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 le station is licens	adend, and (2 nna, during ce ge (v) of the ge ystem as a se sed by the FC0	) it can b ertain sta eneral in parate a	e expected, ated intervals. structions in the. nd discrete	Primary Transmitters Radio
	AM or FM			1		<u>e/D</u>		
CALL SIGN		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# 060289
I	SUBSTITUTE CARRIAGE	fy every non	network televis	ion program, broadcast by a				
Substitute Carriage: Special Statement and Program Log	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 give	ing that mus CONCER iod, did you tion? ", leave the <b>PROGRA</b> itute progra ce, please a of every non distant stati gulations, o ies like "moo Bulls." n was broac sign of the s adcast static adian statio th and day 'e "5/7."	t be included in NING SUBST r cable system rest of this pag MS m on a separa add additional r nnetwork televi ion and that yo r authorizations vies" or "baske dcast live, enter station broadca n's location (th ns, if any, the o when your syst	this log, see page (v) of the <b>ITUTE CARRIAGE</b> carry, on a substitute basi ge blank. If your answer is ' te line. Use abbreviations we rows to the tables. ision program ("substitute pur cable system substitute pur cable system substitute s. See page (v) of the gene taball." List specific program r "Yes." Otherwise enter "N asting the substitute program	general instru s, any nonnel Yes," you mu wherever pos program") that d for the prog eral instruction n titles, for ex lo." m. station is lice station is lice program. Use	ictions in the work televi ist complet sible, if the t, during the ramming o ns for furthe ample, "I Lu nsed by the tified). numerals,	e paper SA1- ision program YES te the program ir meaning is the accounting f another state er information ove Lucy" or e FCC or, in with the mor	2 form. n X NO m s tion n.
	to delete under FCC rules a was substituted for program effect on October 19, 1976.	er "R" if the and regulation ming that y	listed program	was substituted for progra iring the accounting period is permitted to delete unde	mming that y enter the let r FCC rules a	our system ter "P" if the	a was <i>require</i> e listed progr ons in 	am 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	S	STEM ID# 060289
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	2,225.39 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	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		52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	•	0.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1         1. Base amount under statutory formula       \$263,800.00         2. Enter amount of gross receipts from space K		
	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		
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
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)       \$	52.00 15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: 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	LEGAL NAME OF OWNER OF CABLE				SYSTEM ID# 060289
M Channels	to its subscribers, and (2) the cabl 1. Enter the total number of chann	le system's total num	ls on which the cable system carried television broa ber of activated channels during the accounting peri le	iod.	15
	2. Enter the total number of activa on which the cable system carri and nonbroadcast services	ried television broado	ast stations	[	439
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED we can contact about this stateme		DRMATION IS NEEDED (Identify an individual to wh	om	
for Further Information	Name RODNEY HA	ASKINS		Telephone	(903) 579-3152
	City, town, state, zip	al route, apartment, or su 75701		nal	
	CERTIFICATION (This statement of	f account must be ce	tified and signed in accordance with Copyright Office	e regulations)	
O Certification	<ul> <li>I, the undersigned, hereby certify the (Owner other than corport (Agent of owner other the in line 1 of space E</li> <li>X (Officer or partner) I am in line 1 of space E</li> <li>I have examined the statement of a</li> </ul>	nat (Check one, <i>but or</i> oration or partnersh han corporation or p B and that the owner i n an officer (if a corpo B. account and hereby de		ine 1 of space B; er of the cable sy dentified as owne ntained herein	stem as identified
			/s/ Alan Dannenbaum electronic signature on the line above to certify this state nature using an "/s/ signature" (e.g., /s/ John Smith)	ement.	
	Турес	d or printed name:	ALAN DANNENBAUM		
	Title:		PROGRAMMING position held in corporation or partnership)		
	Date:	:	2/25/20	)21	

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	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
QUEL COMMUNICATIONS LLC	06028
<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>X NO</li> <li>YES. 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	
<b>INTEREST ASSESSMENT</b> 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.	
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 Assessment
	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 Assessmen
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
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