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 Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY							
DATE RECEIVED	AMOUNT						
03/02/21	\$						
	ALLOCATION NUMBER						

Return completed workbook by email to:

coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

	-
Α	ACCOUNTING 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)
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names 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	IDENTIFICATION OF CABLE SYSTEM:
	OSBURN, ID
	MAILING ADDRESS OF CABLE SYSTEM:
	2 (Number: street, rural route, apartment, or suite number).
	(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 suffciency of the fling, a determination that would be made by a court of law.

Accounting Period:	2020/2							
		FORM SA1-2E. PAGE 1b.						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
	CEQUEL COMMUNICATIONS LLC	060598						
	Instructions: List each separate community served by the cable system. A "co							
D	separate and distinct community or municipal entity (including unincorporate							
_	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.	will serve as a form of system identification hereafter known as the first						
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identifie							
Area	city.	iobile notifie parks should be reported in parentheses below the identified						
Served	orcy.							
	CITY OR TOWN	STATE						
First	OSBURN	ID						
Community	ELIZABETH PARK	ID						
	KELLOGG	ID						
Add Dames and Names	PINHURST	ID						
Add Rows as Necessary	SMELTERVILLE							
	WALLACE	ID ID						
	WALLAGE	ID						

Accounting Period: 2020/2
FORM SA1-2E. PAGE 2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:
CEQUEL COMMUNICATIONS LLC

SYSTEM ID# 060598

E

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BLO	OCK 1	BLOCK 2			
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	1,447	34.99			
Service to additional set(s)					
• FM radio (if separate rate)					
Motel, hotel					
Commercial	61	45.95			
Converter					
Residential					
Non-residential					

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 2				
CATEGORY OF SERVICE	CATEGORY OF SERVICE	RATE			
Continuing Services:		Installation: Non-residential			
Pay cable	17.00	Motel, hotel			
Pay cable—add'l channel	19.00	Commercial			
Fire protection		Pay cable			
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set	99.00	Burglar protection			
Additional set(s)		Other services:			
• FM radio (if separate rate)		Reconnect	40.00		
Converter		Disconnect			
		Outlet relocation	25.00		
		Move to new address	99.00		

Accounting Period: 2020/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CEQUEL COMMUNICATIONS LLC

SYSTEM ID# 060598

DDIMADY

PRIMARY TRANSMITTERS: TELEVISION

Primary Transmitters:

Television

G

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program 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.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KAYU-1	28	l	SPOKANE, WA
KAYU-HD1	28	I-M	SPOKANE, WA
KHQ-1	6	N	SPOKANE, WA
KHQ-2	6.2	I-M	SPOKANE, WA
KHQ-HD1	6	N-M	SPOKANE, WA
KREM-1	2	N	SPOKANE, WA
KREM-2	2.2	I-M	SPOKANE, WA
KREM-HD1	2	N-M	SPOKANE, WA
KSPS-1	7	Е	SPOKANE, WA
KSPS-HD1	7	E-M	SPOKANE, WA
KUID-1	12	Е	MOSCOW, ID
KXLY-1	4	N	SPOKANE, WA
KXLY-HD1	4	I-M	SPOKANE, WA
KXLY-HD2	4.2	N-M	SPOKANE, WA

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 060598

CEQUEL COMMUNICATIONS LLC

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

FORM SA1-2E. PAGE 4.

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
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Accounting Perior	counting Period: 2020/2 FORM SA1-2E. PAGE 5.									
	LEGAL NAME OF OWNER OF O	CABLE SYST	EM:						SYSTEM ID#	
Name	CEQUEL COMMUNICA	TIONS LL	_C						060598	
		005014		T AND DDOOD AND LOG						
- 1	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG									
•	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further									
Substitute	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.									
Carriage: Special	1. SPECIAL STATEMENT	CONCER	NING SUBSTI	TUTE CARRIAGE						
Statement and	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program									
Program Log									NO	
									m	
	log in block 2.									
	2. LOG OF SUBSTITUTE									
	In General: List each substiclear. If you need more space				where	ver pos	isible, if the	eir meaning is	5	
	Column 1: Give the title	of every nor	nnetwork televi	sion program ("substitute						
	period, was broadcast by a under certain FCC rules, red									
	Do not use general categori	,								
	"NBA Basketball: 76ers vs.			- "V " Oth:	NI - "					
	Column 2: If the program Column 3: Give the call s		,							
	Column 4: Give the broa	dcast statio	n's location (th	e community to which the	statio			e FCC or, in		
	the case of Mexican or Cana Column 5: Give the mon							with the mo	nth	
	first. Example: for May 7 giv	e "5/7."								
	Column 6: State the time								ely	
	to the nearest five minutes. stated as "6:00–6:30 p.m."	⊏xampie: a	program came	ed by a system from 6.0 i	15 p.11	1. 10 6:2	:0:30 p.m. :	snould be		
	Column 7: Enter the lette									
	to delete under FCC rules a was substituted for program								ram	
	effect on October 19, 1976.	9,	,	- F						
					П	\^/\ \	N CURCT			
	s	UBSTITUT	E PROGRAM		WHEN SUBSTITUTE CARRIAGE OCCURRED 7. REA				7. REASON FOR	
	TITLE OF PROGRAM	2. LIVE?	3. STATION'S			MONTH	6.	TIMES	DELETION	
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AN	D DAY	FROM	<u>— то</u>		
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Accounting Period: 2	2020/2		FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:		S	YSTEM ID#
	CEQUEL COMMUNICATIONS LLC			060598
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you all amounts (gross receipts) paid to your cable system by subscribers for the system's second (as identified in space E) during the accounting period. For a further explanation of how to compage (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.	dary transmi npute this an	ssion service nount, see	0,702.29
	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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$5 See page (vi) of the general instructions located in the paper SA1-2 form for more information.		63,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	3		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you mu accounting period is $$52.00$	ust pay for th	is six-month	
	Line 1. Royalty fee for accounting period			
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8			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 the	nan \$137,10	00)	
	1. Base amount under statutory formula	3,800.00		
	2. Enter amount of gross receipts from space K			
	3. Subtract line 2 from line 1			
	4. Enter the amount of gross receipts from space K			
	5. Enter the amount from line 3			
	6. Subtract line 5 from line 4			
	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 to	than \$527,6	(00)	
	1. Enter the amount of gross receipts from space K	0,702.29		
	2. Base amount under statutory formula	3,800.00		
	3. Subtract line 2 from line 1	6,902.29		
	4. Multiply line 3 by .01		969.02	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) \$		1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8		0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		\$	2,288.02
	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)		2,288.02	
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	[\$	2,308.02
	EFT Trace # or TRANSACTION ID #			
	<u>Important:</u> Your remittance must be in the form of an electronic payment payable to the See page i of the general instructions in the paper SA1-2 form and the Excel instruction			

Accounting Period: 2	Period: 2020/2 FORM SA1-2E. PAGE 7.							
Name		WNER OF CABLE SYSTEM:				SYSTEM ID# 060598		
M Channels	CHANNELS Instructions: Yo to its subscribers 1. Enter the total system carried	14						
	Enter the total on which the c and nonbroad	209						
N Individual to Be Contacted		BE CONTACTED IF FURTH		DRMATION IS NEEDED (Identify an indi	vidual to whom			
for Further Information	Name	RODNEY HASKINS			Telephone	(903) 579-3152		
	Address	3015 S SE LOOP 323 (Number, street, rural route, apartn TYLER, TX 75701 (City, town, state, zip)		te number)				
	Email	RODNEY.HASK	KINS@AI	LTICEUSA.COM	Fax (optional			
	CERTIFICATION (This statement of account mu	ust be cer	tified and signed in accordance with Cop	oyright Office regulations)			
O Certification	• I, the undersigned	d, hereby certify that (Check on	ne, <i>but onl</i>	ly one, of the boxes.)				
	(Owner	other than corporation or pa	artnershi	p) I am the owner of the cable system as i	identified in line 1 of space	B; or		
				artnership) I am the duly authorized agent not a corporation or partnership; or	t of the owner of the cable	system as identified		
		r or partner) I am an officer (if n line 1 of space B.	if a corpora	ation) or a partner (if a partnership) of the	legal entity identified as ow	mer of the cable system		
		e, and correct to the best of my		clare under penalty of law that all statemer ge, information, and belief, and are made				
			X	/s/ Alan Dannenbaum		-		
				electronic signature on the line above to cer nature using an "/s/ signature" (e.g., /s/ Joh				
		Typed or printed	I name:	ALAN DANNENBAUM				
		Title:		PROGRAMMING position held in corporation or partnership)				
		Date:			2/25/2021			

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ounting Period: 2020/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
QUEL COMMUNICATIONS LLC	060598
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.	Special Statement Concerning Gross Receipts Exclusion
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? X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Name Mailing Address	
INTEREST ASSESSMENT	
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 Interest Assessment
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	<u>-</u>
Line 3 Multiply line 2 by the number of days late and enter the sum here	<u>-</u>
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	<u>-</u>
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner	
Address	
ID number First community served	
Accounting period	

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