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 COPYRIG	Return completed workbook by email to:	
for Seconda	ry Transmissions by	DATE RECEIVED	AMOUNT	 coplicsoa@copyright.gov
General instru	<i>ms (Short Form)</i> ctions are located 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	BY THIS STATEMENT: (YY	YY/(Period))	
	2020/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
Accounting Period	20202	Barcode Data Filing Period (optional	- see instructions)	
в	Instructions: Give the full legal name of the owner of th the subsidiary, not that of the parent corpo	-	iary of another corporation, give the full corpo	prate title of
Owner	List any other name or names under which	the owner conducts the business of the	e cable system.	
	If there were different owners during the a statement of account and royalty fee paym		e last day of the accounting period should sub iod.	omit a single
	Check here if this is the system's first filing	. If not, enter the system's ID number a	ssigned by the Licensing Division.	061734
	LEGAL NAME OF OWNER/MAILING			
	CEQUEL COMMUNICATIONS LLC	ADDRESS OF CADLE STSTEM		
	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 n	umber)		
	TYLER, TX 75701 (City, town, state, zip)			
С	INSTRUCTIONS: In line 1, give any busin names already appear in space B. In line 2			
System				
	1 MUNCY STATE CORRECTION	ONAL INSTITUTION		
	MAILING ADDRESS OF CABLE SYSTEM	:		

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

(Number, street, rural route, apartment, or suite number)

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.

2

Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	061734
D	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 list community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or n	ommunity" is the same as a "community unit" as defined in FCC rules: "a ed communities within unincorporated areas and including single, discrete t will serve as a form of system identification hereafter known as the "first
Area Served	city.	
_	CITY OR TOWN	STATE
First Community		PA
Community	(MUNCY SCI)	
dd Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:							TEM ID	
Name	CEQUEL COMMUNICAT								06173	
Е	SECONDARY TRANSMISSION In General: The information in s					v 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								,		
Rates	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									
	category, but do not include disc				Stanual		3 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.		ingin in							
	BLO	OCK 1					BLOC			
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	RS	RATE	CATE	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATE	
	Residential:	CODOCINE			0/11			CODOCIADEIRO	Totte	
	Service to first set		0	-						
	Service to additional set(s)		0	0						
	• FM radio (if separate rate)								1	
	Motel, hotel									
	Commercial		231	40.71						
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRAN	ISMISS	IONS: RATES						
F	In General: Space F calls for rate	te (not subscribe	er) infor	mation with resp	ect to a	l your cable sys	stem'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				.					
Fransmissions: Rates	Block 1: Give the standard rat							t were not		
Rates	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.									
		BLOC	K 1					BLOCK 2		
	CATEGORY OF SERVICE			ORY OF SERVIC	CE	RATE	CATEG	ORY OF SERVICE	RATE	
	Continuing Services:		nstalla	tion: Non-reside	ential					
	• Pay cable	-	• Mot	el, hotel						
	Pay cable—add'l channel	-	• Con	nmercial						
	Fire protection		• Pay	cable						
	•Burglar protection		• Pay	cable-add'l chan	nnel					
	Installation: Residential			protection						
	• First set	-		glar protection						
	 Additional set(s) 	- (ervices:						
			• Rec			_				
	• FM radio (if separate rate)			onnect						
	 FM radio (if separate rate) Converter 		• Disc	connect						
	,		• Disc • Outl			-				

nting Period: 2	2020/2			FORM SA1-2E. PAGE				
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM II				
	CEQUEL COMMUNIC	CATIONS LLC		06173				
	PRIMARY TRANSMITTERS: TELEVISION							
G Primary	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(entify every television station (including to 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	1) stations carried only on a part-tine carriage of certain network progra	me basis under ams [sections				
insmitters: elevision	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							
		ules, regulations, or authorizations: e in space G—but do list it in space I (the a substitute basis.	e Special Statement and Program L	_og)—if the				
	basis. For further informati Column 1: List each statio	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	see page (v) of the general instructi ogram services such as HBO, ESP	ons. N, etc. Identify each				
	"WETA-2" as the same on	d with a station according to its over-the- the form. lel number the FCC assigned to the telev						
	of license. For example, W	/RC is channel 4 in Washington, D.C.	_	-				
	educational station, by enter (for independent multicast)	n case whether the station is a network s ering the letter "N" (for network), "N-M" (f , "E" (for noncommercial educational), or erms, see page (iv) of the general instruc	or network multicast), "I" (for indepe "E-M" (for noncommercial education	endent), "I-M"				
	Column 4: Give the location	no of each station. For U.S. stations, list t idian stations, if any, give the name of the	he community to which the station	-				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	WBRE-1	28	N	WILKES BARRE, PA				
	WNEP-1	16	N	SCRANTON, PA				
ows as Necessary	WOLF-1	56	I	HAZLETON, PA				
tows as necessary	_	38	1	SCRANTON, PA				
	WSWB-1	30	•					
	WSWB-1 WVIA-1	44	E	SCRANTON, PA				
			E	SCRANTON, PA SCRANTON, PA				
	WVIA-1	44		·····				
	WVIA-1	44						
	WVIA-1	44						
	WVIA-1	44						
	WVIA-1	44						
	WVIA-1	44						
	WVIA-1	44						
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	WVIA-1	44						
	WVIA-1	44						
	WVIA-1	44						
	WVIA-1	44						
	WVIA-1	44						
	WVIA-1	44						

EGAL NAME OF								SYSTEM 061
	every radio s	tation ca	rried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of r for detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If ignal, indicate i 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 t 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 pyright Office regulations on t each station carried. In is AM or FM. hal was electronically process 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 anter this point, see page the system of the system the 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							FOR	M SA1-2E. PAGE 5	
Name	LEGAL NAME OF OWNER OF							SYSTEM ID# 061734	
	SUBSTITUTE CARRIAGE								
Substitute	In General: In space I, identi substitute basis during the ad explanation of the programm	fy every nor ccounting pe	network televisi riod, under spe	<i>ion program,</i> broadcast by a cific present and former FC	C rules, regula	ations, or au	uthorizations.	For a further	
Carriage:	1. SPECIAL STATEMENT	-			<u>g</u>		<u></u>		
Special Statement and	During the accounting per	iod, did you	r cable system	carry, on a substitute basi	s, any nonne	twork telev	ision progran	n	
Program Log	broadcast by a distant stat	tion?					YES	× NO	
	Note: If your answer is "No	", leave the	rest of this pag	e blank. If your answer is '	'Yes," you mu	ust complet	te the progra	m	
	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program 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 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	itute progra ce, please a of every noi distant stati gulations, o ies like "mo Bulls." n was broad sign of the s adcast static adian static adian static adian static adian static adian static es when the Example: a er "R" if the and regulatio ming that y	m on a separa add additional r nnetwork televi ion and that you r authorizations vies" or "baske dcast live, enter station broadca on's location (th ns, if any, the o when your syst substitute prog- program carrie listed program ons in effect du	rows to the tables. sion program ("substitute jur cable system substitutes. See page (v) of the gene tball." List specific program r "Yes." Otherwise enter "N isting the substitute progra be community to which the community with which the 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 licer station is ider program. User cable system. 15 p.m. to 6:2 mming that y ; enter the let	at, during th ramming o ns for furth ample, "I L nsed by th httified). numerals, List the tin 28:30 p.m. s rour system ter "P" if th	he accounting of another sta er information ove Lucy" or e FCC or, in , with the mon mes accurate should be n was <i>require</i> e listed progr	tion n. hth ly	
	SUBSTITUTE PROGRAM					WHEN SUBSTITUTE CARRIAGE OCCURRED 7. F			
	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	
							_		
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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	SY	STEM ID# 061734
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	, 493.36 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 th		
	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 \$137,10		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		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)	52.00	
	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	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 061734
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carrier to its subscribers, and (2) the cable system's total number of activated channels during the 1. Enter the total number of channels on which the cable system carried television broadcast stations	e accounting period.
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	44
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an we can contact about this statement of account.)	n individual to whom
for Further Information	Name RODNEY HASKINS	Telephone (903) 579-3152
	Address 3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite number) TYLER, TX 75701 (City, town, state, zip)	
	Email RODNEY.HASKINS@ALTICEUSA.COM	Fax (optional
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system (Agent of owner other than corporation or partnership) I am the duly authorized a in line 1 of space B and that the owner is not a corporation or partnership) or	n as identified in line 1 of space B; or agent of the owner of the cable system as identified of the legal entity identified as owner of the cable system rements of fact contained herein
	Enter an electronic signature on the line above t Enter signature using an "/s/ signature" (e.g., /s Typed or printed name: ALAN DANNENBAUM Title: SVP, PROGRAMMING	s/ John Smith)
	(Title 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	061734
 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? X NO YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
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 - 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 - x	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment
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