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

OTATEM		FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:	
	ENT OF ACCOUNT ry Transmissions by	DATE RECEIVED			
	ms (Short Form)			coplicsoa@copyright.gov For additional information,	
General instru	ctions are located	03/02/21	\$	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: (YY	YY/(Period))		
		_			
	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 th the subsidiary, not that of the parent corpo		liary of another corporation, give the full corporation	ate title of	
Owner	List any other name or names under which	the owner conducts the business of th	e cable system.		
	If there were different owners during the a statement of account and royalty fee paym	2	ne last day of the accounting period should subm iod.	nit 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.	061878	

		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	061878
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		CEQUEL COMMUNICATIONS LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		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 un a already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space by the mailest of the system of the system in space by the mailest of the system of the system.	
System		IDENTIFICATION OF CABLE SYSTEM:	
		TRINIDAD CORRECTIONAL FACILITY	
		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:	SYSTEM ID
	CEQUEL COMMUNICATIONS LLC	06187
D	Instructions: List each separate community served by the cable system. A "com separate and distinct community or municipal entity (including unincorporated unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list w community." Please use it as the first community on all future filings.	communities within unincorporated areas and including single, discrete vill serve as a form of system identification hereafter known as the "first
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mo city.	bie nome parks should be reported in parentneses below the identified
_	CITY OR TOWN	STATE
First Community	MODEL (TRINIDAD CORR)	CO
,		
ld Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM							TEM ID
Name	CEQUEL COMMUNICAT								06187
E	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	<i>,</i> , ,	,		,		those exis	ting on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						hla svetor	broken	
scribers and	down by categories of secondary	•						,	
Rates	each category by counting the n	•		•		•			
	separately for the particular serv							as and the	
	Rate: Give the standard rate c unit in which it is generally billed								
	category, but do not include disc				Standa		o 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	0			· · ·			.	
	Block 2: If your cable system printed in block 1 (for example, t	-		-					
	with the number of subscribers a					•	,	-	
	sufficient.								
	BLC	DCK 1					BLOC		1
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	RS	RATE	CATE	GORY OF SE	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:								
	Service to first set		0	-					
	Service to additional set(s)		0	0					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		25	40.71					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRAN	ISMISS	SIONS: RATES					
E	In General: Space F calls for rat	(,			, ,			
F	not covered in space E, that is, t					,	,		
Services	service for a single fee. There ar furnished at cost or (2) services								
Other Than	amount of the charge and the ur	nit in which it is ι							
Secondary	enter only the letters "PP" in the				C (1				
Fransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							were not	
Ruico	listed in block 1 and for which a								
	brief (two- or three-word) descrip	otion and include	e the ra	te for each.					
		BLOC	K 1					BLOCK 2	
	CATEGORY OF SERVICE			ORY OF SERVIO	CE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:		nstalla	tion: Non-reside	ential				
	• Pay cable	-	• Mot	el, hotel					
	Pay cable—add'l channel	-	• Cor	nmercial					
	Fire protection			cable					
	•Burglar protection			cable-add'l char	nnel				
	Installation: Residential			protection					
	First set			glar protection					
	Additional set(s)	- 0		ervices:					
	• FM radio (if separate rate)			onnect		-			
	• Converter			connect					
	• Converter		• Out	connect let relocation /e to new addres					

Name				FORM SA1-2E. PAGE 3
	LEGAL NAME OF OWNER C	OF CABLE SYSTEM:		SYSTEM ID
	CEQUEL COMMUNIC			061878
G Primary ansmitters: elevision	PRIMARY TRANSMITTERS: In General: In space G, id carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, i Substitute program basis, i Substitute Basis Station basis under specific FCC i • Do not list the station he station was carried only of • List the station here, and basis. For further informat Column 1: List each static multicast stream associate "WETA-2" as the same on Column 2: Give the cham of license. For example, V Column 3: Indicate in eac educational station, by ent (for independent multicast For the meaning of these for	TELEVISION entify every television station (including tr em 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 as explained in the next paragraph. s: With respect to any distant stations car rules, regulations, or authorizations: re in space G—but do list it in space I (the n a substitute basis. also in space I, if the station was carried ion concerning substitute basis stations, s on's call sign. <i>Do not</i> report origination pro- ed 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 independent tetions in the paper SA1-2 form.	me basis under ams [sections tions carried on a postitute program _og)—if the o on some other fons. PN, etc. Identify each ort multistream the air in its community noncommercial endent), "I-M" onal multicast).
		2. B'CAST CHANNEL NUMBER	,	5
	KKTV-1	11	N	COLORADO SPRINGS, CO
	KOAA-1	5	N	COLORADO SPRINGS, CO
s as Necessary	KRDO-1	13	N	COLORADO SPRINGS, CO
	KTSC-1	8	Е	COLORADO SPRINGS, CO
	KVSN-1	48		
				PUEBLO, CO
	KXRM-1	21	I	PUEBLO, CO COLORADO SPRINGS, CO
	KXRM-1			

CEQUEL CO			YSTEM: LLC					SYSTEM I 0618
n General: List	every radio s	tation ca	nried on a separate and discre nerally receivable by your cab					н
eceivable if (1) in the basis of i for detailed info aper SA1-2 for Column 1: Id Column 2: S	it is carried by monitoring, to prmation abou m. lentify the call tate whether t	y the sys be recei t the Co sign of e he statio	-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. n is AM or FM. nal was electronically process	t the system's hea system's FM ante this point, see pag	adend, and (2) nna, during ce ge (v) of the ge) it can b ertain sta eneral in	be expected, ated intervals. Istructions in the.	Primary Transmitters Radio
ignal, indicate Column 4: G	this by placing ive the statior	g a checl n's locati	A mark in the "S/D" column. on (the community to which the the community with which the	ne station is licens	ed by the FC0			
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 O							8YSTEM ID# 061878
Substitute	SUBSTITUTE CARRIAGE In General: In space I, identif substitute basis during the ac explanation of the programmi	fy every non counting pe	network televis riod, under spe	<i>ion program,</i> broadcast by a cific present and former FC	a <i>distant</i> static C rules, regula	ations, or aut	horizations.	For a further
Carriage: Special Statement and Program Log	 SPECIAL STATEMENT During the accounting peribroadcast by a distant stat Note: If your answer is "No" log in block 2. LOG OF SUBSTITUTE In General: List each subst clear. If you need more space Column 1: Give the title of period, was broadcast by a under certain FCC rules, report not use general categori "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the calls Column 4: Give the broat the case of Mexican or Cantor State the time for the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the letter 	CONCERI and, did your ion? ', leave the PROGRA itute progra ce, please a of every nor distant stati gulations, o es like "mo' Bulls." n was broad sign of the s dcast static adian statio th and day 'e "5/7." s when the Example: a er "R" if the	NING SUBST r cable system rest of this pag mon a separa add additional r network televition and that yo r authorizations vies" or "baske dcast live, enter station broadca on's location (th ns, if any, the of when your syst e substitute pro program carrie	ITUTE CARRIAGE carry, on a substitute bas le blank. If your answer is te line. Use abbreviations ows to the tables. sion program ("substitute ur cable system substitute s. See page (v) of the gen- tball." List specific program r "Yes." Otherwise enter "N isting the substitute progra le community to which the community with which the tem carried the substitute gram was carried by your ed by a system from 6:01: was substituted for program	s, any nonnel "Yes," you mu wherever pos program") tha d for the prog eral instruction n titles, for ex lo." m. station is lice station is lice	twork televis ust complete sible, if their at, during the ramming of ns for furthe ample, "I Lo nsed by the tiffied). numerals, v List the tim 8:30 p.m. sl our system	sion program YES e the program r meaning is e accounting another sta r information ve Lucy" or FCC or, in with the mor es accurate hould be was require	n X NO m tion n.
	to delete under FCC rules a was substituted for program effect on October 19, 1976.	iming that y		s permitted to delete unde	r FCC rules a		TUTE	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. T FROM -	IMES — TO	DELETION
					·			
							= = 	
					·			
						······································		
					1			1

Accounting Period:	2020/2	FORM SA	1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	STEM ID# 061878
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent 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	5,164.46 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
	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 4 4. Multiply line 3 by .01 5 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 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)	<u>52.00</u> 15.00	
	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# 061878
M Channels	 CHANNELS Instructions: You must give (1) the number of channels on which the cable system carr to its subscribers, and (2) the cable system's total number of activated channels during t 1. Enter the total number of channels on which the cable system carried television broadcast stations	the accounting period.	6
	on which the cable system carried television broadcast stations and nonbroadcast services		. 22
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify we can contact about this statement of account.)	an individual to whom	
for Further Information	Name RODNEY HASKINS	Telephone	<u>(903) 579-3152</u>
	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 w 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 authorize in line 1 of space B and that the owner is not a corporation or partnership) in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all st are true, complete, and correct to the best of my knowledge, information, and belief, and are [18 U.S.C., Section 1001(1986)] Marce an electronic signature on the line abov Enter signature using an "/s/ signature" (e.g., "Section 10, signature") 	em as identified in line 1 of space I d agent of the owner of the cable s r of the legal entity identified as own atements of fact contained herein made in good faith.	system as identified
	Typed or printed name: ALAN DANNENBAUM Title: SVP, PROGRAMMING (Title of official position held in corporation or partnersh	iip)	
	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	061878
 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	
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
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 - 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
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 - x - x - x - x - x - x - x - x - x - x - x - x - x - x - x 0.00274 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 - x - - (interest charge) * * To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf.</i> 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 giv	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment

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