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.

STATEMENT OF ACCOUNT for Secondary Transmissions by

Cable Systems (Short Form)

General instructions are located

in the first tab of this workbook

SA1-2E Short Form

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		
~	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2020/2 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
		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: SOUTH WOODS PRISON
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)
	-	\mathbf{b} we have \mathbf{v}
Brivaay Act Notio	e. Section	111 of title 17 of the United States Code authorizes the Convright Office to called the personally identifying information (DII) reguested on this

FOR COPYRIGHT OFFICE USE ONLY

\$

AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

03/01/21

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.

Nome	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	062592
D Area	Instructions: List each separate community served by the cable system. A "commur separate and distinct community or municipal entity (including unincorporated com unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will s community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile	nity" is the same as a "community unit" as defined in FCC rules: "a imunities within unincorporated areas and including single, discrete erve as a form of system identification hereafter known as the "first
Served	city.	
_		STATE
First Community	BRIDGETON (SOUTH WOODS PRISON)	NJ
,		
dd Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM							TEM ID
Name	CEQUEL COMMUNICAT								06259
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	last day of the accounting period						b b b b b b b b b b		
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary						,	,	
Rates	each category by counting the n			•		•			
	separately for the particular serv	ice at the rate in	ndicate	d-not the number	er of set	s receiving service	/ice).	-	
	Rate: Give the standard rate c								
	unit in which it is generally billed category, but do not include disc				standal	d rate variation	s within a	particular rate	
	Block 1: In the left-hand block				s of sec	ondary transmi	ssion servi	ce that cable	
	systems most commonly provide								
	that applies to your system. Not			-		-			
	categories, that person or entity subscriber who pays extra for ca						•		
	first set" and would be counted of								
	Block 2: If your cable system	-		•					
	printed in block 1 (for example, t					•	,	-	
	with the number of subscribers a sufficient.	ind rates, in the	right-h	and block. A two-	- or thre	e-word descript	ion of the s	service is	
		DCK 1					BLOC	< 2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	PS	RATE	САТИ	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:	SOBSCIUDE			UAI		WICL	SUBSCINEERS	
	Service to first set		0	-					
	Service to additional set(s)		0	0					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		90	40.71					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRAN	ISMISS	SIONS: RATES					
F	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 u							
Secondary	enter only the letters "PP" in the				c				
Transmissions: Rates	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								
Nates	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	RATE	CATEG	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	-		nmercial					
	Fire protection			cable					
	•Burglar protection			cable-add'l chan	nnel				
	Installation: Residential			protection					
	• First set	-		glar protection					
		- 10	Uther s	ervices:					
	Additional set(s)		-						1
	• FM radio (if separate rate)			onnect		-			
			• Disc	connect		-			
	• FM radio (if separate rate)		• Diso • Out			- 			

nting Period: 2	2020/2			FOR	M SA1-2E. PAGE					
Name	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:			SYSTEM ID					
	CEQUEL COMMUNIC				06259					
_	PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations)									
G Primary	carried by your cable system FCC rules and regulations	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-ti e carriage of certain network progra	ime basis under ams [sections						
ansmitters: 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 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 ente	ering the letter "N" (for network), "N-M" (f	for network multicast), "I" (for indep	endent), "I-M"						
		, "E" (for noncommercial educational), or		onal 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 Cana	FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.								
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF ST	ATION					
	KYW-1	3	Ν	PHILADELPHIA, PA						
	WCAU-1	10	Ν	PHILADELPHIA, PA						
ows as Necessary	WFMZ-1	69	I	ALLENTOWN, PA						
	WFPA-1	28	I	PHILADELPHIA, PA						
	WNJS-1	23	Е	CAMDEN, NJ						
	WPHL-1	17	<u> </u>	PHILADELPHIA, PA						
	WPSG-1	57	I	PHILADELPHIA, PA						
	WPVI-1	6	N	PHILADELPHIA, PA						
	WTXF-1	29	I	PHILADELPHIA, PA						
	WUVP-1	65	I	VINELAND, NJ						

CEQUEL CO	OWNER OF (SYSTEM I 0625
	t every radio s	tation ca	rried on a separate and discre					н
eceivable if (1) n the basis of r for detailed info aper SA1-2 for Column 1: Id Column 2: S Column 3: If ignal, indicate	it is carried by monitoring, to ormation abou m. lentify the call tate whether t the radio stati this by placing	y the sys be recei It the Co sign of e he statio ion's sign g a checl	-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on t each station carried. n is AM or FM. hal was electronically process (mark in the "S/D" column. on (the community to which th	t the system's hea system's FM ante his point, see pag ed by the cable s	adend, and (2) nna, during ce ge (v) of the ge ystem as a se) it can b ertain sta eneral in parate a	e expected, ated intervals. structions in the. nd discrete	Primary Transmitters Radio
			the community with which the	1				
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Name CE Name CE Name Name Substitute Carriage: Special Statement and Program Log Not Iog 2. In C clear Corriage: Special Program Log Program Corrigination Program Corrigination	General: In space I, identif stitute basis during the ac lanation of the programmi SPECIAL STATEMENT uring the accounting peri- adcast by a distant stat	TIONS LL : SPECIAI fy every non counting pe ng that must CONCERI od, did your ion?	L STATEMEN Interwork televisi Intiod, under spe- t be included in NING SUBSTI		C rules, regula	tions, or au	thorizations. I	For a further				
I In C sub Substitute Carriage: Special Statement and Program Log Not Iog 2. In C clear Corriage: Special Program Log	General: In space I, identif stitute basis during the ac lanation of the programmi SPECIAL STATEMENT uring the accounting peri- adcast by a distant stati te: If your answer is "No" in block 2. LOG OF SUBSTITUTE	iy every non counting pe ng that must CONCERI od, did your ion?	network televisi riod, under spe t be included in NING SUBSTI	ion program, broadcast by a cific present and former FC this log, see page (v) of the ITUTE CARRIAGE	C rules, regula	tions, or au	thorizations. I	For a further				
Substitute Carriage: Special Statement and Program Log Not log 2. In C clea	stitute basis during the ac lanation of the programmi SPECIAL STATEMENT uring the accounting peri- adcast by a distant stat te: If your answer is "No" in block 2. LOG OF SUBSTITUTE	counting pe ng that must CONCERI od, did your ion?	riod, under spe t be included in NING SUBSTI	cific present and former FC this log, see page (v) of the ITUTE CARRIAGE	C rules, regula	tions, or au	thorizations. I	For a further				
Carriage: Special Statement and Program Log Not log 2. In C clea C peri	SPECIAL STATEMENT uring the accounting peri- adcast by a distant stati te: If your answer is "No" in block 2. LOG OF SUBSTITUTE	CONCERI od, did your ion?	NING SUBSTI	ITUTE CARRIAGE								
Statement and Program Log Not log 2. In C clea C per	adcast by a distant stat te: If your answer is "No" in block 2. LOG OF SUBSTITUTE	ion?	r cable system	carry, on a substitute bas								
Program Log bro Not 2. In C clea C per	te: If your answer is "No" in block 2. LOG OF SUBSTITUTE			• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program								
log 2. In C clea C per	in block 2. LOG OF SUBSTITUTE	, leave the				L	YES	× NO				
2. In C clea C per	LOG OF SUBSTITUTE		rest of this pag	ge blank. If your answer is	'Yes," you mu	ist complete	e the prograr	n				
In C clea C per												
clea C peri	-onoral I let each substi		-									
Do "NE C C the first	ar. If you need more space Column 1: Give the title of iod, was broadcast by a of ler certain FCC rules, reg- not use general categori BA Basketball: 76ers vs. I Column 2: If the program Column 3: Give the call se Column 4: Give the broad- case of Mexican or Cana Column 5: Give the month t. Example: for May 7 give Column 6: State the time	ce, please a of every nor distant stati gulations, ou es like "mov Bulls." n was broad sign of the s dcast statio adian statio th and day e "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 ns, if any, the c when your syst		brogram") that d for the prog eral instruction n titles, for ex- lo." m. station is lice station is lice station is lice brogram. Use cable system.	t, during the ramming of ns for furthe ample, "I Lo nsed by the tified). numerals, List the tim	e accounting f another stat er informatior ove Lucy" or e FCC or, in with the mor nes accurate	tion n. nth				
to d was	stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was <i>required</i> to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in											
	ect on October 19, 1976.	WHEN SUBSTITUTE CARRIAGE OCCURRED 7.			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	TIMES — TO	DELETION				
							_					
							_					
							_					
							_					
							_					
							_					
							_					
							_ _					
·····							 					

Accounting Period:	2020/2	FORM SA	1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SI	STEM ID# 062592
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	,951.00 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		
	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	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		WNER OF CABLE SYSTEM: IUNICATIONS LLC				SYSTEM ID# 062592
M Channels	to its subscriber 1. Enter the tota	s, and (2) the cable system's to I number of channels on which	otal num	Is on which the cable system carried tel ber of activated channels during the act	counting period.	10
	on which the	I number of activated channels cable system carried television dcast services	n broadc	ast stations		32
N Individual to Be Contacted		BE CONTACTED IF FURTH		DRMATION IS NEEDED (Identify an ind	lividual to whom	
for Further Information	Name Address	RODNEY HASKINS 3027 S SE LOOP 323			Telephone	<u>(903) 579-3152</u>
		(Number, street, rural route, apartme TYLER, TX 75701 (City, town, state, zip)	nent, or su	te number)		
	Email	RODNEY.HASKI	(INS@A	LTICEUSA.COM	Fax (optional	
O Certification		This statement of account mus d, hereby certify that (Check one		tified and signed in accordance with Co <i>ly one</i> , of the boxes.)	pyright Office regulations)	
	(Owner	r other than corporation or pa	artnershi	p) I am the owner of the cable system as	identified in line 1 of space B	3; or
		in line 1 of space B and that the	e owner is	artnership) I am the duly authorized ager not a corporation or partnership; or ation) or a partner (if a partnership) of the		
	• I have examined	e, and correct to the best of my	-	clare under penalty of law that all stateme ge, information, and belief, and are made		
				/s/ Alan Dannenbaum electronic signature on the line above to ce nature using an "/s/ signature" (e.g., /s/ Jol	•	
		Typed or printed r	name:	ALAN DANNENBAUM		
				PROGRAMMING 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	062592
 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 	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	-
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	-
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
x days Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here - 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 days Line 3 Multiply line 2 by the number of days late and enter the sum here - x 0.00274 - Line 4 Multiply line 3 by 0.00274** and enter here -	
x	
x	
x	
x	
x	
x	
x	

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