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

STATEM	ENT	OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
-		ansmissions by	DATE RECEIVED	AMOUNT	
Cable Syste			03/02/21	\$	Coplicsoa@copyright.gov 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
A	ACC	OUNTING PERIOD COVERED E	BY THIS STATEMENT: (YY	'YY/(Period))	
		2020/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		20202	Barcode Data Filing Period (optiona	I - see instructions)	
Accounting Period					
		Instructions:			
В		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 corp	orate 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		he last day of the accounting period should sul riod.	bmit 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.	062594
		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		
		3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite no	umber)		
		TYLER, TX 75701			
С		RUCTIONS: In line 1, give any busin		ntify the business and operation of the	
	name		2, give the mailing address of th	e system, if different from the address	given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM: DIXON CORRECTIONAL FA			
		MAILING ADDRESS OF CABLE SYSTEM			

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.

2

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

(City, town, state, zip code)

Name		SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC Instructions: List each separate community served by the cable system. A "com	062594
D	separate and distinct community or municipal entity (including unincorporated unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list v 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.	bile home parks should be reported in parentheses below the identified
Fired	CITY OR TOWN DIXON	STATE
First Community	(DIXON CORR)	IL
dd Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						FORM SA1	TEM ID
Name	CEQUEL COMMUNICAT								06259
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								
Transmission	last day of the accounting period								
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 ir	ndicated	d-not the number	r of set	s receiving serv	/ice).	-	
	Rate: Give the standard rate c								
	unit in which it is generally billed. category, but do not include disc				standar	d rate variation	s within a	particular rate	
	Block 1: In the left-hand block				of sec	ondary transmis	ssion servi	ce that cable	
	systems most commonly provide	e to their subscr	ibers. G	Give the number of	f subso	ribers and rate	for each li	sted category	
	that applies to your system. Note			-		-			
	categories, that person or entity						•		
	subscriber who pays extra for ca first set" and would be counted o					in the count ur	ider Servi	ce to the	
	Block 2: If your cable system I					service that are	e different	from those	
	printed in block 1 (for example, t					•	,	-	
	with the number of subscribers a	ind rates, in the	right-ha	and block. A two-	or three	e-word descript	ion of the s	service is	
	sufficient.	DCK 1					BLOC	< 2	
		NO. OF		DATE	0.4.75			NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIBE	RS	RATE	CATE	GORY OF SEI	RVICE	SUBSCRIBERS	RATE
	Service to first set		o	_					
	Service to additional set(s)		0	0					
	• FM radio (if separate rate)			······					
	Motel, hotel								
	Commercial		71	40.71					
	Converter		····	40.71					
	Residential								
	Non-residential								
								•	
	SERVICES OTHER THAN SEC								
F	In General: Space F calls for rat	``	'			, ,			
•	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 un		usually	billed. If any rates	are ch	arged on a vari	able per-p	rogram basis,	
Secondary	enter only the letters "PP" in the Block 1: Give the standard rat		a aabla	overtene fen eneb	of the c	mulicable com/i	aaa liatad		
Fransmissions: Rates	Block 2: List any services that							t were not	
Ruico	listed in block 1 and for which a								
	brief (two- or three-word) descrip	tion and include	e the ra	te for each.					
		BLOC	K 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE (CATEG	ORY OF SERVICI	E	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:			tion: Non-resider	ntial				
	• Pay cable			el, hotel					
	Pay cable—add'l channel	-		nmercial					
	Fire protection			cable					
			-	cable-add'l chann	nel				
	•Burglar protection								
	Installation: Residential			protection					
	Installation: Residential First set 		• Burę	glar protection					
	Installation: Residential • First set • Additional set(s)	•••••	• Burç Other s	glar protection ervices:					
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	•••••	• Burថ Other s • Rec	glar protection ervices: onnect		-			
	Installation: Residential • First set • Additional set(s)	•••••	• Burg Other s • Rec • Disc	dar protection ervices: onnect connect		-			
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	•••••	• Burg Other s • Rec • Disc • Outl	glar protection ervices: onnect					

Accounting Period: 2	2020/2			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID
	CEQUEL COMMUNIC	ATIONS LLC		062594
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters:	carried by your cable system FCC rules and regulations 76.59(d)(2) and (4), 76.61(6	entify every television station (including to n during the accounting period, <i>except</i> (n effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.61 s explained in the next paragraph.	 stations carried only on a part-tir e carriage of certain network progra 	me basis under ams [sections
Television	Substitute Basis Stations	: With respect to any distant stations ca les, regulations, or authorizations:	rried by your cable system on a sub	istitute program
	station was carried only on			
	basis. For further information Column 1: List each station	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	ions. N, etc. Identify each
	"WETA-2" as the same on	d with a station according to its over-the- the form. al number the FCC assigned to the telev		
	of license. For example, W	RC is channel 4 in Washington, D.C.	_	-
	educational station, by ente	case whether the station is a network s ring the letter "N" (for network), "N-M" (f "E" (for noncommercial educational), or	or network multicast), "I" (for indepe	endent), "I-M"
	For the meaning of these te	erms, see page (iv) of the general instruc	ctions in the paper SA1-2 form.	
		n of each station. For U.S. stations, list t dian stations, if any, give the name of the	5	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WIFR-1	23	Ν	ROCKFORD, IL
	WQAD-1	8	N	MOLINE, IL
Add Rows as Necessary	WQPT-1	24	Е	DAVENPORT, IL
	WQRF-1	39	I	ROCKFORD, IL
	WREX-1	13	N	ROCKFORD, IL
	WREX-2	13.2	I-M	ROCKFORD, IL
	WREX-3	13.3	I-M	ROCKFORD, IL

CEQUEL CO	FOWNER OF (SYSTEM 062
	t every radio s	tation ca	rried on a separate and discre nerally receivable by your cab					н
eceivable if (1) n the basis of or detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether t the radio stati this by placing sive the station	y the sys be recein the Co sign of e he station ion's sign g a chech n's locati	-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s pyright Office regulations on t each station carried. n is AM or FM. nal was electronically process c 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 e 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	be expected, ated intervals. Istructions in the. Ind discrete	Primary Transmitters Radio
				1		0/5		
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							SYSTEM ID# 062594
	SUBSTITUTE CARRIAGE	E: SPECIA	L STATEMEN	T AND PROGRAM LOG				
Substitute	In General: In space I, identi substitute basis during the are explanation of the programm	ccounting pe	eriod, under spe	cific present and former FC	C rules, regula	ations, or au	uthorizations.	For a further
Carriage:	1. SPECIAL STATEMENT				-			
Special Statement and	During the accounting per	iod, did you	r cable system	carry, on a substitute basi	is, any nonne	twork telev	ision prograr	n
Program Log	broadcast by a distant stat	tion?				l	YES	× NO
	Note: If your answer is "No	", leave the	rest of this pag	je blank. If your answer is	"Yes," you mi	ust complet	te the progra	m
	log in block 2.			-	-	-		
	2. LOG OF SUBSTITUTE		-					
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the program	ace, please a of every nou distant stati gulations, o ries like "mo Bulls." m was broad	add additional i nnetwork televi ion and that yo ir authorization vies" or "baske dcast live, ente	rows to the tables. ision program ("substitute ur cable system substitute s. See page (v) of the gene tball." List specific program r "Yes." Otherwise enter "N	program") tha d for the prog eral instructio n titles, for ex No."	at, during th ramming o ns for furth	e accounting f another sta er informatio) tion n.
	Column 4: Give the broat the case of Mexican or Can Column 5: Give the mor first. Example: for May 7 give	adcast static nadian statio nth and day ve "5/7." es when the	on's location (th ons, if any, the when your sys substitute pro	tem carried the substitute gram was carried by your	station is lice station is ider program. Use cable system	ntified). e numerals, . List the tir	with the mo	
		and regulation nming that y	ons in effect du	а а	; enter the let r FCC rules a	ter "P" if the	e listed progr ions in	
		SUBSTITUTE PROGRAM 1 TITLE OF PROGRAM 2. LIVE? 3. STATION'S						7. REASON FOR DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM	<u>то</u>	
		+						
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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	S	STEM ID# 062594
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	7 ,335.44 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		<u>52.00</u> 0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2		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 .		
	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	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)	52.00 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: MUNICATIONS LLC				SYSTEM ID# 062594
M Channels	to its subscriber 1. Enter the tota system carrie 2. Enter the tota	rs, and (2) the cable system's to al number of channels on which	the cable		unting period.	7
	and nonbroa	dcast services				40
N Individual to Be Contacted		D BE CONTACTED IF FURTHE about this statement of accoun		RMATION IS NEEDED (Identify an individ	dual to whom	
for Further Information	Name	RODNEY HASKINS			Telephone	(903) 579-3152
	Address	3027 S SE LOOP 323 (Number, street, rural route, apartme TYLER, TX 75701 (City, town, state, zip)	ent, or suite	number)		
	Email	RODNEY.HASKI	INS@AL	FICEUSA.COM F	Fax (optional	
O Certification		(This statement of account mus		ied and signed in accordance with Copyr one , of the boxes.)	right Office regulations)	
	(Owne	r other than corporation or par	rtnership)	I am the owner of the cable system as ide	entified in line 1 of space E	3; or
	(Agent			tnership) I am the duly authorized agent o tot a corporation or partnership; or	of the owner of the cable s	ystem as identified
	X (Offic	er or partner) I am an officer (if a in line 1 of space B.	a corporat	ion) or a partner (if a partnership) of the le	gal entity identified as owr	er of the cable system
		te, and correct to the best of my		are under penalty of law that all statements e, information, and belief, and are made in		
			Enter an el	/s/ Alan Dannenbaum		
		E	∟nter signa	ture using an "/s/ signature" (e.g., /s/ John S	Smith)	
		Typed or printed r	name: _	ALAN DANNENBAUM		
				ROGRAMMING osition 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	062594
 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. \$ 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
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 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	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 - 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 www.copyright.gov/licensing/interest-rate.pdf. * To view the interest rate chart click on www.copyright.gov/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	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

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