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	HT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transm Cable Systems (Short General instructions are lo in the first tab of this workt	Form) cated	DATE RECEIVED	AMOUNT ALLOCATION NUMBER	coplicsoa@copyright.gov For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A ACCOUNT	ING PERIOD COVERED	BY THIS STATEMENT: (YY	YY/(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
		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:
		MAHANOY STATE CORRECTIONAL INSTITUTION
		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		SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC Instructions: List each separate community served by the cable system. A "comm	063189
D	separate and distinct community or municipal entity (including unincorporated c unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list wi community." Please use it as the first community on all future filings.	ommunities within unincorporated areas and including single, discrete
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mob city.	ile home parks should be reported in parentheses below the identified
Served		
		STATE
First Community	FRACKVILLE (MAHANOY SCI)	PA
d Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:							1-2E. PAGE
Name	CEQUEL COMMUNICAT								06318
E	SECONDARY TRANSMISSION In General: The information in s					v transmission s	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 in	ndicate	d-not the numb	er 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				/ standal	d rate variation	s within a	particular rate	
	Block 1: In the left-hand block				es of sec	ondary transmis	ssion servi	ce that cable	
	systems most commonly provide							0,	
	that applies to your system. Note			-		-			
	categories, that person or entity subscriber who pays extra for ca						•		
	first set" and would be counted o								
	Block 2: If your cable system I	-		-					
	printed in block 1 (for example, t					•	,	-	
	with the number of subscribers a sufficient.	and 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 SUBSCRIBEI	RS	RATE	CATE	GORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:	CODOCIVIDEI		TUTE	0/11			CODOCINIDENCO	
	Service to first set		0	-					
	Service to additional set(s)		0	0					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		659	40.71					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRAN	ISMISS	SIONS: RATES					
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 rate	es are ch	arged on a vari	able per-p	rogram basis,	
Secondary	enter only the letters "PP" in the				h of the	muliochle comi	ana lintad		
Transmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							t were not	
	listed in block 1 and for which a s								
	brief (two- or three-word) descrip	tion and include	e the ra	te for each.					
		BLOC	K 1					BLOCK 2	
	CATEGORY OF SERVICE			ORY OF SERVI		RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:	1		tion: Non-resid	ential				
	• Pay cable			el, hotel					
	Pay cable—add'l channel	-		nmercial					
	Fire protection			cable cable add'l cha	nnel				
	•Burglar protection Installation: Residential			cable-add'l cha	mei				
				•					
	 First set Additional set(s) 			glar protection ervices:					
	• FM radio (if separate rate)			connect		_			
	Converter			connect		-			
			• ()) ()	let relocation					
				let relocation /e to new addres	s				

Name	LEGAL NAME OF OWNER C			
				SYSTEM I
				0631
G Primary Insmitters: elevision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Station basis under specific FCC r • Do <i>not</i> list the station here station was carried <i>only</i> or • List the station here, and basis. For further informati Column 1: List each station multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in eac educational station, by ent (for independent multicast For the meaning of these t Column 4: Give the location	lentify every television station (including tr em during the accounting period, <i>except</i> (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 pre- ed with a station according to its over-the-	(1) stations carried only on a part-til 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 I both on a substitute basis and also see page (v) of the general instructi ogram services such as HBO, ESF air designation. For example, repo- rision station for broadcasting over tation, an independent station, or a or network multicast), "I" (for indepu- tions in the paper SA1-2 form. the community to which the station	me basis under ams [sections tions carried on a bostitute program Log)—if the p on some other ions. PN, etc. Identify each ort multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the
	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
ws as Necessary	WOLF-1	56	I	HAZLETON, PA
	WSWB-1	38	I	SCRANTON, PA
	WVIA-1			
	VVV /A-1	44	E	SCRANTON, PA
	WYOU-1	22	<u>Е</u> N	SCRANTON, PA SCRANTON, PA

EGAL NAME OF								SYSTEM 063
	every radio s	tation ca	rried on a separate and discr nerally receivable by your cab					н
eceivable if (1) in the basis of r for detailed info aper SA1-2 for Column 1: Id Column 2: S Column 3: If ignal, indicate 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 ante this point, see pag ed by the cable s he station is licens	adend, and (2) nna, during ce ge (v) of the ge ystem as a se wed by the FCC) it can b ertain sta eneral in parate a	e expected, ated intervals. structions in the. nd discrete	Primary Transmitters Radio
	ANA . 512	0/5			ANA	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# 063189
	SUBSTITUTE CARRIAGE		I STATEMEN					
Substitute	In General: In space I, identi substitute basis during the ad explanation of the programm	ify every nor ccounting pe	network televis priod, under spe	<i>ion program,</i> broadcast by a cific present and former FC	C rules, regula	ations, or a	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	<u>vision</u> progran	ı
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 '	ʻYes," you mu	ust comple	te the progra	n
	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 mor first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	titute progra ace, please a of every noi distant stati egulations, o ries like "mo Bulls." m was broad sign of the s adcast static hadian static adian static thand day we "5/7." es when the Example: a er "R" if the and regulation ming that y	im on a separa add additional r nnetwork televi ion and that yo r authorizations vies" or "baske dcast live, enter station broadca on's location (th ns, if any, the o when your syst e substitute pro program carri- listed program ons in effect du	rows to the tables. sion program ("substitute j ur cable system substitute s. See page (v) of the gene tball." List specific program r "Yes." Otherwise enter "N isting the substitute progra the 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	program") that d for the prog eral instruction in titles, for ex lo." m. station is lice station is ider program. Use cable system. 15 p.m. to 6:2 umming that y ; enter the let	at, during th ramming c ns for furth ample, "I L nsed by th httified). numerals List the tin 28:30 p.m. rour system ter "P" if th	he accounting of another state er information ove Lucy" or e FCC or, in , with the more mes accurate should be in was <i>require</i> e listed progr	tion n. nth ly
	s	UBSTITUT	E PROGRAM		11	EN SUBST		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. FROM	TIMES — TO	DELETION
							_	
							_	
							_	
							_	
							_	
							_	
							_	
							_	
							_	
							_	
							_	
							_	
							_	
							_	
							_	
							_	
							_ 	

Accounting Period:	2020/2 FORM SA1-2E. PAG	GE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM: CEQUEL COMMUNICATIONS LLC 063'	
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see 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.	
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 \$263,800 • 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 this six-month 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 0.00 Line 3. TOTAL ROYALTY FEE RAYADIA E FOR ACCOUNTING PERIOD. Addition 4 and 6	 D
	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 \$137,100)	
	1. Base amount under statutory formula \$ 263,800.00	
	2. Enter amount of gross receipts from space K \$ 161,008.79	
	3. Subtract line 2 from line 1	
	4. Enter the amount of gross receipts from space K \$ 161,008.79	
	5. Enter the amount from line 3	
	6. Subtract line 5 from line 4	
	7. Multiply line 6 by .005 (enter figure here) \$ 291.09	Э
	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	<u> </u>
	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 \$ 263,800.00	
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01	
	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	
		-
	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) \$ 291.09	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 \$ 311.09	Э
	EFT Trace # or TRANSACTION ID #	
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.	

Accounting Period:	020/2		FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC		SYSTEM ID# 063189
M Channels	to its subscribers, and (2) the cable system's 1. Enter the total number of channels on whi	IS	6
	on which the cable system carried televisi		45
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURT we can contact about this statement of acco	HER INFORMATION IS NEEDED (Identify an individual to whom unt.)	
for Further Information	Name RODNEY HASKINS	Telephone	(903) 579-3152
	Address 3027 S SE LOOP 32: (Number, street, rural route, apar TYLER, TX 75701 (City, town, state, zip)		
	Email RODNEY.HAS	KINS@ALTICEUSA.COM Fax (optional	
O Certification	 I, the undersigned, hereby certify that (Check of Owner other than corporation or provide the corporation of the c	ust be certified and signed in accordance with Copyright Office regulations) ne, <i>but only one</i> , of the boxes.) Partnership) I am the owner of the cable system as identified in line 1 of space B ation or partnership) I am the duly authorized agent of the owner of the cable size owner is not a corporation or partnership; or if a corporation) or a partner (if a partnership) of the legal entity identified as own hereby declare under penalty of law that all statements of fact contained herein by knowledge, information, and belief, and are made in good faith. X /s/ Alan Dannenbaum Enter an electronic signature on the line above to certify this statement.	ystem as identified
	Typed or printe Title: (T	Enter signature using an "/s/ signature" (e.g., /s/ John Smith) a name: ALAN DANNENBAUM SVP, PROGRAMMING the of official position held in corporation or partnership)	
	Date:	2/25/2021	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office 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 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.

	FORM SA1-2E. PAGE 8.
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
QUEL COMMUNICATIONS LLC	063189
 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 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 1 Enter the amount of late payment or underpayment	Interest Assessment
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 1 Enter the amount of late payment or underpayment	Interest Assessment
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 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Interest Assessment

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office 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 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.