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 COPYRIGHT	OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
General instructions are located in the first tab of this workbook	03/02/21	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCO	OUNTING 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.
		1
		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)
•	INSTR	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
С		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:
		AURORA II CORRECTIONAL FACILITY
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
	-	
		(City, town, state, zip code)

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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 063233
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. Note: Entities and properties such as hotels, apartments, condominiums, or mo	munity" is the same as a "community unit" as defined in FCC rules: "a communities within unincorporated areas and including single, discrete vill serve as a form of system identification hereafter known as the "first
Area Served	city.	bile nome parks should be reported in parentneses below the identified
	CITY OR TOWN	STATE
First Community	AURORA (AURORA II CORR)	СО
dd Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:							TEM ID
Name									06323
Е	SECONDARY TRANSMISSION In General: The information in s					v transmission	convice 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	rice at the rate in	ndicate	d-not the numb	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	rd 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.	and rates, in the	right-h	and block. A two	- or thre	e-word descript	ion of the s	service is	
		OCK 1					BLOC	٢2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	PS	RATE	САТИ	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:	GOBGCINEL			UAI		WICL	SUBSCINEERS	
	Service to first set		0	-					
	Service to additional set(s)		0	0	•••••				
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		27	40.71					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC		ISMISS	SIONS: RATES					-
-	In General: Space F calls for rat				ect to a	ll 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 ar 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 Block 2: List any services that							tworo not	
Rales	listed in block 1 and for which a								
	brief (two- or three-word) descrip	1 0							
		BLOC	K 1					BLOCK 2	
	CATEGORY OF SERVICE			ORY OF SERVI	CE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:		nstalla	tion: Non-resid	ential				
	• Pay cable	-	• Mot	el, hotel					
	Pay cable—add'l channel	-		nmercial					
	Fire protection			cable					
	•Burglar protection			cable-add'l char	nnel				
	Installation: Residential			protection					
	First set			glar protection					
	Additional set(s)	- (		ervices:					
	L A EM radia (if concrete rate)		<ul> <li>Rec</li> </ul>	onnect		-			
	• FM radio (if separate rate)								
	Converter			connect					
	, , ,		• Out			-			

ting Period: 2	2020/2			FC	DRM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF				SYSTEM ID
					063233
G rimary asmitters: levision	PRIMARY TRANSMITTERS: In General: In space G, ide carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, a: Substitute Basis Stations basis under specific FCC ru • Do not list the station here station was carried only on • List the station here, and a basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channe of license. For example, W Column 3: Indicate in each	TELEVISION entify every television station (including to m during the accounting period, <i>except</i> (in in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.61 is explained in the next paragraph. So With respect to any distant stations ca- ules, regulations, or authorizations: e in space G—but do list it in space I (the a substitute basis. 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 d with a station according to its over-the- the form. el number the FCC assigned to the telev /RC is channel 4 in Washington, D.C. in case whether the station is a network s	(1) stations carried only on a part-ti e carriage of certain network progra 1(e)(2) and (4))]; and (2) certain sta arried by your cable system on a sub- the Special Statement and Program I both on a substitute basis and also see page (v) of the general instruct rogram services such as HBO, ESF -air designation. For example, repo- vision station for broadcasting over station, an independent station, or a	me basis under ams [sections tions carried on a ostitute program Log)—if the o on some other ions. PN, etc. Identify each ort multistream the air in its community	
	(for independent multicast), For the meaning of these te <b>Column 4:</b> Give the locatio FCC. For Mexican or Canad	ering the letter "N" (for network), "N-M" (f , "E" (for noncommercial educational), or erms, see page (iv) of the general instruc- on of each station. For U.S. stations, list i dian stations, if any, give the name of th	r "E-M" (for noncommercial educati ctions in the paper SA1-2 form. the community to which the station the community with which the station	ional multicast). is licensed by the is identified.	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF S	STATION
	KBDI-1	12	E	BROOMFIELD, CO	
ŀ	KCEC-1	14	<u> </u>	DENVER, CO	
vs as Necessary	KCNC-1	4	N	DENVER, CO	
	KDEN-1	25	<u> </u>	LONGMONT, CO	
	KDVR-1	31	I	DENVER, CO	
	KMGH-1	7	N	DENVER, CO	
	KPXC-1	59	I	DENVER, CO	
	KRMA-1	6	E	DENVER, CO	
	KTFD-1	50	<u> </u>	DENVER, CO	
	KTVD-1	20	<u> </u>	DENVER, CO	
	KUSA-1	9	N	DENVER, CO	
	KWGN-1	2	I	DENVER, CO	
	KZCO-1	7	<u>I</u>	DENVER, CO	

EGAL NAME OF								SYSTEM I 0632
	every radio s	tation ca	rried on a separate and discr nerally receivable by your cab					н
eceivable if (1) n the basis of r or detailed info aper SA1-2 for <b>Column 1:</b> Id <b>Column 2:</b> Si	it is carried by monitoring, to rrmation abou m. entify 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	e expected, ated intervals. structions in the.	Primary Transmitters Radio
ignal, indicate i <b>Column 4:</b> 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 FC			
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							SYSTEM ID# 063233
<b>I</b> Substituto	SUBSTITUTE CARRIAGE In General: In space I, identii substitute basis during the ac explanation of the programmi	fy every non ccounting 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
Substitute Carriage: Special Statement and Program Log	<ol> <li>SPECIAL STATEMENT</li> <li>During the accounting peribroadcast by a distant stat</li> <li>Note: If your answer is "No" log in block 2.</li> <li>LOG OF SUBSTITUTE</li> <li>In General: List each substiclear. If you need more spare Column 1: Give the title operiod, was broadcast by a under certain FCC rules, report to use general categori</li> <li>"NBA Basketball: 76ers vs."</li> <li>Column 2: If the program Column 3: Give the call signature case of Mexican or Cantor Column 5: Give the broat the case of Mexican or Cantor State the time to the nearest five minutes. stated as "6:00–6:30 p.m."</li> </ol>	CONCERN od, did you ion? ', leave the <b>PROGRA</b> 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." es when the Example: a er "R" if the	NING SUBST r cable system rest of this pag mon 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 carrie	TUTE 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 gene 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 ast, 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	The program <b>YES</b> The program The program	n X NO m s tion n.
	was substituted for program effect on October 19, 1976.		our system wa	·	WHE	IN SUBSTI	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
							_	
							= 	
						······································		
							_	
							_	

Accounting Period:	2020/2	FORM SA	1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	YSTEM ID# 063233
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	5,699.00 iss 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	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	1
	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# 063233
M Channels	to its subscriber 1. Enter the tota	s, and (2) the cable system's to	otal num	ls on which the cable system carried televis ber of activated channels during the accoun le	nting period.	13
	2. Enter the tota on which the	I number of activated channels cable system carried television	s n broadc			30
N Individual to Be Contacted		D BE CONTACTED IF FURTHI about this statement of accoun		RMATION IS NEEDED (Identify an individu	ual 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)	nent, or su	ie number)		
	Email	RODNEY.HASK	(INS@A	_TICEUSA.COM Fa	ax (optional	
ο	CERTIFICATION	(This statement of account mus	st be cer	tified and signed in accordance with Copyrig	ght Office regulations)	
Certification		d, hereby certify that (Check one				
				<ul> <li>p) I am the owner of the cable system as iden</li> <li>artnership) I am the duly authorized agent of the system</li> </ul>		
	X (Office	in line 1 of space B and that the er or partner) I am an officer (if	e owner is	not a corporation or partnership; or ation) or a partner (if a partnership) of the lega		
	• I have examined	te, and correct to the best of my	-	clare under penalty of law that all statements o ge, information, and belief, and are made in go		
			X	/s/ Alan Dannenbaum		
				electronic signature on the line above to certify nature using an "/s/ signature" (e.g., /s/ John Sn		
		Typed or printed i	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	063233
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"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."</li> </ul> </li> <li>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.</li> <li>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?</li> <li>NO</li> </ul>	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	
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	<pre>Interest Assessment</pre>
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	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	<pre>Interest Assessment</pre>
Line 2       Multiply line 1 by the interest rate* and enter the sum here	<pre>Interest Assessment</pre>
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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