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

STATEMI	ENT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
for Seconda	ry Transmissions by	DATE RECEIVED	AMOUNT	 coplicsoa@copyright.gov
General instru	ems (Short Form) actions are located 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	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	YYY/(Period))	
	2020/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
Accounting	20202	Barcode Data Filing Period (optiona	II - see instructions)	
Period				
В	Instructions: Give the full legal name of the owner of th the subsidiary, not that of the parent corp		diary 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	ne cable system.	
	If there were different owners during the a statement of account and royalty fee payn		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	assigned by the Licensing Division.	063271
	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 n	umber)		
	TYLER, TX 75701			
	(City, town, state, zip)			
C	INSTRUCTIONS: In line 1, give any busin names already appear in space B. In line 3			
System	IDENTIFICATION OF CABLE SYSTEM:			
	HUMBOLT CONSERVATION			
1	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#
Name	CEQUEL COMMUNICATIONS LLC	063271
D	Instructions: List each separate community served by the cable system. A "comm separate and distinct community or municipal entity (including unincorporated co unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobi	ommunities within unincorporated areas and including single, discrete Il serve as a form of system identification hereafter known as the "first
Area Served	city.	
_		STATE
First Community	WINNEMUCCA (HUMBOLT CONS CAMP)	
,		
Rows as Necessary		

								FORM SA1	-
Name									TEM ID 06327
	CEQUEL COMMUNICAT	IONS LLC							00527
-	SECONDARY TRANSMISSION	SERVICE: SUI	BSCRIE	BERS AND RATE	s				
E	In General: The information in s			-		•			
Secondary	system, that is, the retransmission about other services (including p								
Transmission	last day of the accounting period	, , ,	,		,				
Service: Sub-	Number of Subscribers: Both	•							
scribers and	down by categories of secondary			•		•			
Rates	each category by counting the nu separately for the particular serv							s charged	
	Rate: Give the standard rate c							ge and the	
	unit in which it is generally billed.				standaı	d rate variation	s within a	particular rate	
	category, but do not include disc Block 1: In the left-hand block				ofsec	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					l in the count ur	ider "Servi	ce to the	
	first set" and would be counted o Block 2: If your cable system I	0			· · ·	service that are	different	from those	
	printed in block 1 (for example, t	-		•					
	with the number of subscribers a	nd rates, in the	right-h	and block. A two-	or thre	e-word descript	ion of the s	service is	
	sufficient.	DCK 1					BLOC	< 2	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIBE	RS	RATE	CATE	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT
	Service to first set		o						
			0	- 0					
	 Service to additional set(s) FM radio (if separate rate) 								
	Motel, hotel								
	Commercial		47	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	•		•			0.	,	
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 ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat		ne cable	system for each	of the :	applicable servi	ces listed		
Rates	Block 2: List any services that							t were not	
	listed in block 1 and for which a s				d. List	these other ser	vices in the	e form of a	
	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 SERVIC		RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:			tion: Non-reside	ntial				
	• Pay cable			el, hotel					
	Pay cable—add'l channel			nmercial					
	Fire protection Burglar protection			cable cable-add'l chanr	امر				
	•Burglar protection Installation: Residential			protection	101				
	• First set	_		glar protection					
	Additional set(s)	-		ervices:					
	• FM radio (if separate rate)	-		onnect					
	Converter			connect					
				et relocation					
				ve to new address					

counting Period: 2	2020/2			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM ID
	CEQUEL COMMUNIC			063271
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary	carried by your cable system FCC rules and regulations 76.59(d)(2) and (4), 76.61(6	entify every television station (including t 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-tir e carriage of certain network progra	me basis under ams [sections
Transmitters: Television	Substitute Basis Stations	as explained in the next paragraph. : With respect to any distant stations ca ules, regulations, or authorizations:	rried by your cable system on a sub	ostitute program
	• Do not list the station here station was carried only on	e in space G—but do list it in space I (the a substitute basis.		
	basis. For further information	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 instruction	ions.
	"WETA-2" as the same on	d with a station according to its over-the- the form. el number the FCC assigned to the telev		
	of license. For example, W	/RC is channel 4 in Washington, D.C.	_	-
	educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the locatio	n case whether the station is a network s 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 the	for network multicast), "I" (for indeper r "E-M" (for noncommercial education ctions in the paper SA1-2 form. the community to which the station i	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
	KNPB-1	5	E	RENO, NV
	KOLO-1	8	<u>N</u>	RENO, NV
s Necessary	KREN-1	27	<u> </u>	RENO, NV
	KRNS-1	46	I	RENO, NV
	KRNV-1	4	N	RENO, NV
	KRXI-1	11	<u> </u>	RENO, NV
	KTVN-1	2	Ν	RENO, NV

EGAL NAME OF								SYSTEM 0632
	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 sed by the FC0) it can b ertain sta eneral in parate a	e expected, ated intervals. structions in the. nd discrete	Primary Transmitters Radio
	ANA =	0/5				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 O							SYSTEM ID# 063271
I	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the ad	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> statio C rules, regula	ations, or aut	horizations.	For a further
Substitute Carriage: Special Statement and Program Log	 explanation of the programmi 1. SPECIAL STATEMENT During the accounting peribroadcast by a distant state Note: If your answer is "No" log in block 2. 2. LOG OF SUBSTITUTE In General: List each substiclear. If you need more space column 1: Give the title 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 call state case of Mexican or Cancolumn 5: Give the mong first. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." 	ng that mus CONCER od, did you 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 statica adian statio th and day e "5/7." es when the Example: a per "R" if the	t be included in NING SUBST r cable system rest of this pag MS m on a separa add additional r nnetwork televi ion and that yo r authorizations vies" or "baske dcast live, enter station broadca m's location (th ns, if any, the o when your syst substitute pro program carrie	this log, see page (v) of the ITUTE CARRIAGE carry, on a substitute bas le blank. If your answer is te line. Use abbreviations ows 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 isting the substitute program 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 nonne "Yes," you mu "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 station is lice cable system. 15 p.m. to 6:2 umming that y	uctions in the twork televis ust complete sible, if their ast, during the ramming of ns for furthe ample, "I Lo nsed by the tiffied). e numerals, v . List the tim 18:30 p.m. sl our system	r meaning is a accounting a nother star r informatio ve Lucy" or FCC or, in with the more es accurate hould be	2 form. n X NO m s g tion n. hth Hy
	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
					· · · · · · · · · · · · · · · · · · ·			
				 			-	
						······································		
							_	

Accounting Period:	2020/2	FORM SA	1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	rstem ID# 063271
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	,493.90 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 the 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		<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)		
	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	0.00	
	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	LEGAL NAME OF OWNER OF C			SYSTEM ID# 063271
M Channels	 to its subscribers, and (2) th 1. Enter the total number of system carried television 2. Enter the total number of 	e cable system's total r channels on which the broadcast stations activated channels		ns 7
	on which the cable system and nonbroadcast service			20
N Individual to Be Contacted	we can contact about this st	tatement of account.)	NFORMATION IS NEEDED (Identify an individual to whom	
for Further Information	Name RODNE	Y HASKINS	Telepho	ne (903) 579-3152
		SE LOOP 323 eet, rural route, apartment, o	r suite number)	
	City, town, s	TX 75701 state, zip)		
	Email	RODNEY.HASKINS	@ALTICEUSA.COM Fax (optional	
ο	CERTIFICATION (This statem	nent of account must be	certified and signed in accordance with Copyright Office regulation	s)
Certification	• I, the undersigned, hereby ce	ertify that (Check one, <i>bu</i>	t only one, of the boxes.)	
	(Owner other than	n corporation or partner	ship) I am the owner of the cable system as identified in line 1 of spa	e B; or
			r partnership) I am the duly authorized agent of the owner of the cab er is not a corporation or partnership; or	e system as identified
	X (Officer or partne in line 1 of s		rporation) or a partner (if a partnership) of the legal entity identified as	owner of the cable system
		ect to the best of my know	v declare under penalty of law that all statements of fact contained here vledge, information, and belief, and are made in good faith.	in
		×	K /s/ Alan Dannenbaum	_
			an electronic signature on the line above to certify this statement. signature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed nam	e: ALAN DANNENBAUM	
			P, PROGRAMMING ficial position held in corporation or partnership)	
		Date:	2/25/2021	

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ounting Period: 2020/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
QUEL COMMUNICATIONS LLC	06327
 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 YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	Q
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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
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For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment

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