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	by email to:
for Seconda	ry Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov
General instru	<i>ms (Short Form)</i> ctions 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
A	ACCOUNTING PERIOD COV	ERED BY THIS STATEMENT: (Y)	(YY/(Period))	
	2020/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		20202 Barcode Data Filing Period (optiona	ıl - see instructions)	
Accounting Period				
	Instructions:			
В	Give the full legal name of the o the subsidiary, not that of the p	wner of the cable system. If the owner is a subsi arent corporation.	diary of another corporation, give the full corp	porate title of
Owner	List any other name or names u	nder which the owner conducts the business of th	ne cable system.	
		uring the accounting period, only the owner on t y fee payment covering the entire accounting pe		ubmit a single
	Check here if this is the system's	s first filing. If not, enter the system's ID number a	assigned by the Licensing Division.	063457
	LEGAL NAME OF OWNER	MAILING ADDRESS OF CABLE SYSTEM		
		VNER OF CABLE SYSTEM (IF DIFFERENT)	
	SUDDENLINK COMMUNICA MAILING ADDRESS OF OW			
	3027 S SE LOOP 323	3		
	(Number, street, rural route, apartmen TYLER, TX 75701	nt, or suite number)		
	(City, town, state, zip)			
С		ny business or trade names used to ide . In line 2, give the mailing address of th		
System				
	MEHERRIN MECKLE			
1	MAILING ADDRESS OF CABLE	STSIEM:		

(City, town, state, zip code)

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

2

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 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.

Name		SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC Instructions: List each separate community served by the cable system. A "commun	063457
D	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.	imunities within unincorporated areas and including single, discrete erve as a form of system identification hereafter known as the "first
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile city.	home parks should be reported in parentheses below the identified
F 1	CITY OR TOWN BOYDTON	STATE
First Community	(MEHERRIN MECKLENBURG)	VA
dd Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:							TEM ID
Name									06345
Е	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 Number of Subscribers: Both							brokon	
Service: Sub- scribers and	down by categories of secondary						,	,	
Rates	each category by counting the n								
	separately for the particular serv								
	Rate: Give the standard rate c unit in which it is generally billed.								
	category, but do not include disc				Stanual		s wiu iir a		
	Block 1: In the left-hand block	in space E, the	form li	sts the categorie					
	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 o	once again unde	er "Serv	ice to additional	set(s)."				
	Block 2: If your cable system I	-		•					
	printed in block 1 (for example, to with the number of subscribers a					•	,	-	
	sufficient.		ngnt-n						
	BLC	DCK 1					BLOC		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	RS	RATE	CATE	GORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:				-		-		
	Service to first set		0	-					
	Service to additional set(s)		0	0					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		4	40.71					
	Converter								
	• Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRAN	ISMISS	SIONS: RATES					
E	In General: Space F calls for rat		,	1		, ,			
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 un	nit in which it is u							
Secondary	enter only the letters "PP" in the				6.0				
Fransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							were not	
Ruico	listed in block 1 and for which a								
	brief (two- or three-word) descrip	otion and include	e the ra	te for each.					
		BLOC	K 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEG	ORY OF SERVIO	CE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:			tion: Non-reside	ential				
	• Pay cable			el, hotel					
	• Pay cable—add'l channel	-		nmercial					
	Fire protection			cable					
	•Burglar protection			cable-add'l char	inel				
	Installation: Residential			protection					
	First set Additional set(s)			glar protection					
	Additional set(s) EM radio (if separate rate)			ervices:					
	 FM radio (if separate rate) Converter 			connect		-			
				let relocation /e to new addres	c				

ng Period:	2020/2			FORM SA1-2E. PAGE
ame	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM ID
		ATIONS LLC		06345
	PRIMARY TRANSMITTERS:	TELEVISION		
G imary	carried by your cable system FCC rules and regulations 76.59(d)(2) and (4), 76.61(entify every television station (including tr n 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	 stations carried only on a part-tir e carriage of certain network progra 	ne basis under ms [sections
mitters: evision	Substitute Basis Stations	s explained in the next paragraph. With respect to any distant stations can	rried by your cable system on a sub	stitute program
		ules, regulations, or authorizations: e in space G—but do list it in space I (the a substitute basis.	e Special Statement and Program L	.og)—if the
	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	ons.
	"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		
		RC is channel 4 in Washington, D.C.		
	educational station, by ente	a 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		
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WNCN-1	17	N	GOLDSBORO, NC
	WNCN-1	17	N	GOLDSBORO, NC
	WRAL-1	48	N	RALEIGH, NC
as Necessary				
is Necessary	WRAL-1	48		RALEIGH, NC
as Necessary	WRAL-1	48	N	RALEIGH, NC
	WRAZ-1	49	I	RALEIGH, NC
is Necessary	WRAL-1	48	N	RALEIGH, NC
	WRAZ-1	49	I	RALEIGH, NC
	WTVD-1	11	N	DURHAM, NC
as Necessary	WRAL-1	48	N	RALEIGH, NC
	WRAZ-1	49	I	RALEIGH, NC
	WTVD-1	11	N	DURHAM, NC
as Necessary	WRAL-1	48	N	RALEIGH, NC
	WRAZ-1	49	I	RALEIGH, NC
	WTVD-1	11	N	DURHAM, NC
as Necessary	WRAL-1	48	N	RALEIGH, NC
	WRAZ-1	49	I	RALEIGH, NC
	WTVD-1	11	N	DURHAM, NC
: as Necessary	WRAL-1	48	N	RALEIGH, NC
	WRAZ-1	49	I	RALEIGH, NC
	WTVD-1	11	N	DURHAM, NC
as Necessary	WRAL-1	48	N	RALEIGH, NC
	WRAZ-1	49	I	RALEIGH, NC
	WTVD-1	11	N	DURHAM, NC
as Necessary	WRAL-1	48	N	RALEIGH, NC
	WRAZ-1	49	I	RALEIGH, NC
	WTVD-1	11	N	DURHAM, NC
as Necessary	WRAL-1	48	N	RALEIGH, NC
	WRAZ-1	49	I	RALEIGH, NC
	WTVD-1	11	N	DURHAM, NC
as Necessary	WRAL-1	48	N	RALEIGH, NC
	WRAZ-1	49	I	RALEIGH, NC
	WTVD-1	11	N	DURHAM, NC
as Necessary	WRAL-1	48	N	RALEIGH, NC
	WRAZ-1	49	I	RALEIGH, NC
	WTVD-1	11	N	DURHAM, NC
: as Necessary	WRAL-1	48	N	RALEIGH, NC
	WRAZ-1	49	I	RALEIGH, NC
	WTVD-1	11	N	DURHAM, NC
as Necessary	WRAL-1	48	N	RALEIGH, NC
	WRAZ-1	49	I	RALEIGH, NC
	WTVD-1	11	N	DURHAM, NC
as Necessary	WRAL-1	48	N	RALEIGH, NC
	WRAZ-1	49	I	RALEIGH, NC
	WTVD-1	11	N	DURHAM, NC
as Necessary	WRAL-1	48	N	RALEIGH, NC
	WRAZ-1	49	I	RALEIGH, NC
	WTVD-1	11	N	DURHAM, NC
as Necessary	WRAL-1	48	N	RALEIGH, NC
	WRAZ-1	49	I	RALEIGH, NC
	WTVD-1	11	N	DURHAM, NC
as Necessary	WRAL-1	48	N	RALEIGH, NC
	WRAZ-1	49	I	RALEIGH, NC
	WTVD-1	11	N	DURHAM, NC
as Necessary	WRAL-1	48	N	RALEIGH, NC
	WRAZ-1	49	I	RALEIGH, NC
	WTVD-1	11	N	DURHAM, NC
: as Necessary	WRAL-1	48	N	RALEIGH, NC
	WRAZ-1	49	I	RALEIGH, NC
	WTVD-1	11	N	DURHAM, NC

EGAL NAME OF								SYSTEM I 0634
	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 Column 1: Id Column 2: S	it is carried by monitoring, to prmation abou m. lentify 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 Column 4: G	this by placing ive the station	g a checl n's locati	k mark in the "S/D" column. on (the community to which th 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							SYSTEM ID# 063457			
Substitute	SUBSTITUTE CARRIAGE In General: In space I, ident substitute basis during the a 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	tions, or a	uthorizations.	For a further			
Carriage:	1. SPECIAL STATEMENT	-			5						
Special Statement and	During the accounting per	iod, did you	r cable system	carry, on a substitute basi	s, any nonne	work telev	<u>vision</u> program	ı			
Program Log	broadcast by a distant sta	broadcast by a distant station?									
	Note: If your answer is "No	", leave the	rest of this pag	e blank. If your answer is "	Yes," you mu	ist comple	te the program	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 prograr Column 3: Give the call Column 4: Give the broat the case of Mexican or Car Column 5: Give the more 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. ision program ("substitute p ur cable system substituted s. See page (v) of the gene taball." List specific program r "Yes." Otherwise enter "N asting the substitute progra ne community to which the community with which the s tem carried the substitute p gram was carried by your of ed by a system from 6:01:1 was substituted for progra	brogram") that d for the prog and instruction in titles, for ex- lo." m. station is lice station is iden brogram. Use cable system. 5 p.m. to 6:2 mming that y c enter the let	t, during th ramming c ns for furth ample, "I L nsed by th tified). numerals List the tiu 8:30 p.m. our systen ter "P" if th	he accounting of another stat er information ove Lucy" or e FCC or, in , with the mor mes accurate should be in was <i>require</i> e listed progr	tion n. nth ly			
	s	UBSTITUT	E PROGRAM	I				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. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID 06345
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ente all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmis (as identified in space E) during the accounting period. For a further explanation of how to compute this an 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.	ssion service
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 \$26 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	63,800
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for thi 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 PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2 BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,10	
	1. Base amount under statutory formula \$ 263,800.00 2. Enter amount of gross receipts from space K	0.00
	1. Enter the amount of gross receipts from space K \$ 2. Base amount under statutory formula \$ 2. Base amount under statutory formula \$ 3. Subtract line 2 from line 1	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
	Important: Your remittance must be in the form of an electronic payment payable to the Register or See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more	

Accounting Period:	2020/2					FORM SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM: MUNICATIONS LLC				SYSTEM ID# 063457
M Channels	to its subscriber 1. Enter the tota system carrie 2. Enter the tota	s, and (2) the cable system's to	otal num n the cab s s		unting period.	7
		-				26
N Individual to Be Contacted		BE CONTACTED IF FURTHI about this statement of accoun		PRMATION 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)	nent, or su	te number)		
	Email	RODNEY.HASKI	INS@A	LTICEUSA.COM F	Fax (optional	
	CERTIFICATION	(This statement of account mus	st be ce	tified and signed in accordance with Copyr	right Office regulations)	
O Certification	(Owne) (Agent) X (Offic) • I have examined	of owner other than corporation in line 1 of space B and that the er or partner) I am an officer (if in line 1 of space B. the statement of account and he te, and correct to the best of my	artnershi tion or p e owner is a corpor	ly one, of the boxes.) p) I am the owner of the cable system as ide artnership) I am the duly authorized agent of not a corporation or partnership; or ation) or a partner (if a partnership) of the leg clare under penalty of law that all statements ge, information, and belief, and are made in g /s/ Alan Dannenbaum	f the owner of the cable s gal entity identified as owr of fact contained herein	ystem as identified
			Enter sig	electronic signature on the line above to certify nature using an "/s/ signature" (e.g., /s/ John S ALAN DANNENBAUM	•	
		Title:	SVP,	PROGRAMMING position held in corporation or partnership)		
		Date:			2/25/2021	

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	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
QUEL COMMUNICATIONS LLC	06345
 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? X NO YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
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	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 Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment

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