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 COPYRIGH	Return completed workbook by email to:		
for Seconda	ny Tra	nsmissions by	DATE RECEIVED	AMOUNT	 coplicsoa@copyright.gov
Cable Syste	ems (S	hort Form)		\$	For additional information, contact the U.S. Copyright
General instru			03/02/21		Office Licensing Division at: Tel: (202) 707-8150
in the first tab	of this	workbook		ALLOCATION NUMBER	-
Α	ACCO	OUNTING PERIOD COVERED B	Y THIS STATEMENT: (YY	YY/(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					
		Instructions:			
В		Give the full legal name of the owner of the the subsidiary, not that of the parent corport		iary 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 the	e cable system.	
		If there were different owners during the a statement of account and royalty fee paym		e last day of the accounting period should su iod.	bmit a single
		Check here if this is the system's first filing.	If not, enter the system's ID number as	ssigned by the Licensing Division.	063485
		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 O	CABLE SYSTEM		
		3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite nu	mbar)		
		TYLER, TX 75701			
		(City, town, state, zip)			
С				tify the business and operation of the e system, if different from the address	
System	1	IDENTIFICATION OF CABLE SYSTEM:			
		IN VETERANS HOME			
1	1	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 sufficiency of the filing, 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	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC Instructions: List each separate community served by the cable system. A "comm	063485
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. Note: Entities and properties such as hotels, apartments, condominiums, or mob	communities within unincorporated areas and including single, discrete ill serve as a form of system identification hereafter known as the "first
Area Served	city.	nie nome parks should be reported in parentneses below the identified
	CITY OR TOWN	STATE
First	WEST LAFAYETTE	IN
Community	(IN VETERANS HOME)	
dd Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						SY	STEM ID
Name									06348
Е	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 Service: Sub-	last day of the accounting period Number of Subscribers: Both						hla avatam	brokon	
scribers and	down by categories of secondary	•						,	
Rates	each category by counting the n	•		•		•			
	separately for the particular serv							na and the	
	Rate: Give the standard rate of unit in which it is generally billed								
	category, but do not include disc				iy standa		o within a		
	Block 1: In the left-hand block			Ű		•			
	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							6	
	Block 2: If your cable system printed in block 1 (for example, t	-		•					
	with the number of subscribers a					-	,	-	
	sufficient.			I					
	BLO	DCK 1 NO. OF	—				BLOCH	< 2 NO. OF	1
	CATEGORY OF SERVICE	SUBSCRIBER	≀S	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE
	Residential:								
	Service to first set		0	-					
	Service to additional set(s)		0	0					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		69	40.71					
	Converter Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRAN	SMISSI	ONS: RATES					
F	In General: Space F calls for rat	(,			Il your cable sys	stem's serv		
•	not covered in space E, that is, t	hose services th		not offered in (
		e two excentions	S. NOTE Q			,	,		
Services	service for a single fee. There and furnished at cost or (2) services			o not need to	give rate	information con	cerning (1) services	
Other Than	furnished at cost or (2) services amount of the charge and the ur	or facilities furnis	shed to	o not need to nonsubscribe	give rate rs. Rate ii	information con	cerning (1 Id include) services both the	
Other Than Secondary	furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the	or facilities furnis hit in which it is u rate column.	shed to sually b	o not need to nonsubscribe illed. If any ra	give rate rs. Rate ii tes are ch	information con nformation shou narged on a vari	cerning (1 ld include able per-p) services both the	
Other Than	furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1 : Give the standard rat	or facilities furnis hit in which it is u rate column te charged by the	shed to sually b e cable	o not need to nonsubscribe illed. If any ra system for ea	give rate rs. Rate ii tes are ch ch of the	information con nformation shou narged on a vari applicable servi	cerning (1 ld include able per-p ces listed.) services both the rogram basis,	
Other Than Secondary Fransmissions:	furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the	or facilities furnis nit in which it is us rate column. te charged by the t your cable syste	shed to sually b e cable em furn	o not need to nonsubscribe illed. If any ra system for ea ished or offer	give rate rs. Rate in tes are ch ch of the ed during	information con nformation shou narged on a vari applicable servi the accounting	cerning (1 ld include able per-p ces listed. period that) services both the rogram basis, t were not	
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Other Than Secondary Fransmissions:	furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1 : Give the standard rat Block 2 : List any services that listed in block 1 and for which a brief (two- or three-word) descrip	or facilities furnis nit in which it is u rate column. te charged by the t your cable syste separate charge	shed to sually b e cable em furn was ma the rate	o not need to nonsubscribe iilled. If any ra system for ea ished or offer ade or establis	give rate rs. Rate in tes are ch ch of the ed during	information con nformation shou narged on a vari applicable servi the accounting	cerning (1 ld include able per-p ces listed. period that) services both the rogram basis, t were not	
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ccounting Period: 2	2020/2			FORM SA1-2E. PAG					
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM I					
	CEQUEL COMMUNIC	CATIONS LLC		0634					
	PRIMARY TRANSMITTERS:	TELEVISION							
G Primary	carried by your cable syste FCC rules and regulations	entify every television station (including tr 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-ti carriage of certain network progra	me basis under ams [sections					
Transmitters:		is explained in the next paragraph.	(e)(2) and (4))], and (2) certain sta						
Television	Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program								
	 basis under specific FCC rules, regulations, or authorizations: Do <i>not</i> list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried <i>only</i> on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other 								
	basis. For further informati Column 1: List each statio	on concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination pro d with a station according to its over-the-a	ee page (v) of the general instructi ogram services such as HBO, ESF	ions. PN, etc. Identify each					
	"WETA-2" as the same on Column 2: Give the chann	5							
	Column 3: Indicate in each educational station, by enter (for independent multicast) For the meaning of these to	n case whether the station is a network st ering the letter "N" (for network), "N-M" (for , "E" (for noncommercial educational), or erms, see page (iv) of the general instruct on of each station. For U.S. stations, list th	or network multicast), "I" (for indepo "E-M" (for noncommercial educati tions in the paper SA1-2 form.	endent), "I-M" ional multicast).					
		idian stations, if any, give the name of the	,	,					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	WFYI-1	20	Е	INDIANAPOLIS, IN					
	WISH-1	8	N	INDIANAPOLIS, IN					
ld Rows as Necessary	WLFI-1	18	N	LAFAYETTE, LA					
	WNDY-1	23	I	INDIANAPOLIS, IN					
	WRTV-1	6	N	INDIANAPOLIS, IN					
	WTHR-1	13	N	INDIANAPOLIS, IN					
	WTTV-2	4.2	I	INDIANAPOLIS, IN					
	WXIN-1	59	I	INDIANAPOLIS, IN					

CEQUEL CO								SYSTEM I 0634
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cab					Н
eceivable if (1) n the basis of r or detailed info aper SA1-2 for Column 1: Id	it is carried by monitoring, to prmation abou m. entify the call	y the sys be recei It the Co sign of e	-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on t each station carried.	t the system's hea system's FM ante	adend, and (2) nna, during ce) it can b ertain sta	e expected, ated intervals.	Primary Transmitters Radio
Column 3: If ignal, indicate Column 4: G	the radio stati this by placing ive the statior	ion's sigi g a checl n's locati	n is AM or FM. nal was electronically process < mark in the "S/D" column. on (the community to which th the community with which the	e 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# 063485
	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	a <i>distant</i> static C rules, regula	ations, or a	uthorizations.	For a further
Carriage:	1. SPECIAL STATEMENT	-		• • • • • •	<u> </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	ision progran	n
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 '	"Yes," you mu	ust comple	te the progra	m
	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 ice, please a of every noi distant stati gulations, o ies like "mo Bulls." n was broad sign of the s adcast static hadian static adian static th and day ve "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	ows to the tables. sion program ("substitute jur cable system substitutes. See page (v) of the gene tball." List specific program "Yes." Otherwise enter "N sting the substitute progra be 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 gramming c ns for furth ample, "I L ensed by th ntified). a numerals List the tin 28:30 p.m. vour systen ter "P" if th	he accounting of another sta er information ove Lucy" or e FCC or, in , with the mon mes accurate should be n was <i>require</i> e listed progr	l tion n. hth ly d
	s				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
							_	
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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	SI	STEM ID# 063485
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	5,782.50 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 \$63,800 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 BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1		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)		0.00
	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:	020/2		FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC		SYSTEM ID# 063485
M Channels	to its subscribers, and (2) the cable system's to 1. Enter the total number of channels on which	channels on which the cable system carried television broadcast stations tal number of activated channels during the accounting period. the cable	8
	2. Enter the total number of activated channels on which the cable system carried television and nonbroadcast services		52
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHE we can contact about this statement of account	ER INFORMATION IS NEEDED (Identify an individual to whom t.)	
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	NS@ALTICEUSA.COM Fax (optional	
O Certification	 I, the undersigned, hereby certify that (Check one (Owner other than corporation or part) (Agent of owner other than corporation in line 1 of space B and that the X (Officer or partner) I am an officer (if in line 1 of space B. I have examined the statement of account and here and the statement of account account account and the statement of account a	t be certified and signed in accordance with Copyright Office regulations) b, but only one, of the boxes.) thership I am the owner of the cable system as identified in line 1 of space B on or partnership I am the duly authorized agent of the owner of the cable s owner is not a corporation or partnership; or a corporation) or a partner (if a partnership) of the legal entity identified as owner preby declare under penalty of law that all statements of fact contained herein knowledge, information, and belief, and are made in good faith.	system as identified
		X /s/ Alan Dannenbaum	-
	Typed or printed r	name: ALAN DANNENBAUM	
		SVP, PROGRAMMING 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	06348
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	
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	<pre>Interest Assessment</pre>
x	
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	<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 - 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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