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

STATEME		FOR COPYRIGHT	T OFFICE USE ONLY	Return completed workbook by email to:
	ry Transmissions by ms (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
General instruc	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 COVERED	BY THIS STATEMENT: (YYY	Y/(Period))	
	2020/2	Period 1 = January 1 - June 30 Barcode Data Filing Period (optional - :	Period 2 = July 1 - December 31 see instructions)	
Accounting	20202]		

A	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(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.	063670
		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 un s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in s	
System	1	IDENTIFICATION OF CABLE SYSTEM: INDIANA WOMENS PRISON	
		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.

Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	063670
D Area	Instructions: List each separate community served by the cable system. A "commu 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 mobile	unity" is the same as a "community unit" as defined in FCC rules: "a mmunities within unincorporated areas and including single, discrete serve as a form of system identification hereafter known as the "first
Served	city.	
_		STATE
First Community	INDIANAPOLIS (INDIANA WOMENS PRISON)	IN
d Rows as Necessary		

Name Retended to the secondary secondary transmission service: Sub-scribers and Rates Rates Rates Rates Rates Retended to the secondary transmission service: Sub-service: Sub-servic	LEGAL NAME OF OWNER OF CA CEQUEL COMMUNICAT ECONDARY TRANSMISSION General: The information in sp ystem, that is, the retransmissic bout other services (including p ist day of the accounting period Number of Subscribers: Both own by categories of secondary ach category by counting the nu- eparately for the particular servi Rate: Give the standard rate of nit in which it is generally billed. ategory, but do not include disc: Block 1: In the left-hand block ystems most commonly provide ategories, that person or entity subscriber who pays extra for cal- rist set" and would be counted o Block 2: If your cable system h- rinted in block 1 (for example, ti ith the number of subscribers a ufficient. BLC CATEGORY OF SERVICE esidential: • Service to first set • Service to additional set(s) • FM radio (if separate rate) lotel, hotel ommercial	SERVICE: SUE pace E should con on of television a pay cable) in space (June 30 or Dec on blocks in space y transmission sumber of billings ice at the rate in tharged for each (Example: "\$20 counts allowed for in space E, the e to their subscri e: Where an indi should be count ble service to aco once again under has rate categor iers of services to	cover a and rac ace F, r cembe e E cal ervice. in tha ndicate catego //mth") or adva form li ibers. (ividual ted as dditiona r "Serv right-h	Il categories of s tio broadcasts by not here. All the f r 31, as the case I for the number In general, you t category (the n d—not the numb ory of service. In . Summarize any ince payment. sts the categorie Give the number or organization i a subscriber in e al sets would be ice to additional secondary transc	econdar y your sy facts you e may be of subsc can com umber o ver of set clude bo y standar es of sec of subsc is receivi ach appl included set(s)." smission re secono- or three	stem to subsc state must be pribers to the ca pute the numb f persons or or s receiving ser th the amount d rate variation ondary transm ribers and rate ng service tha icable categor in the count u service that ar dary transmiss	ribers. Give those exis able system er of subso ganizations vice). of the char as within a ssion servi e for each li falls unde y. Example nder "Servi e different tion of the s BLOCI	the cable e information ting on the n, broken cribers in s charged ge and the particular rate ice that cable isted category r different e: a residential ice to the from those nem, together service is	06367
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Re • • • • • • • • • • • • • • • • • • •	esidential: • Service to first set • Service to additional set(s) • FM radio (if separate rate) lotel, hotel		0		CATE	GORY OF SE	RVICE	1	RAT
· · · · · · · · · · · · · · · · · · ·	 Service to first set Service to additional set(s) FM radio (if separate rate) Iotel, hotel 								
• Ma Ca Ca	 Service to additional set(s) FM radio (if separate rate) Iotel, hotel 			- 0					
Ma Ca	• FM radio (if separate rate) lotel, hotel		0	0					
Mc Ca Ca	lotel, hotel								
Co Co									
Co	ommercial								
•			32	40.71					
	onverter • Desidential								
	Residential Non-residential								
	Non-residential								
SE	ERVICES OTHER THAN SECO	ONDARY TRAN	ISMISS	SIONS: RATES					
	General: Space F calls for rat	(,			, ,			
- 100	ot covered in space E, that is, the space E, that is, the space for a single fee. There are					,	,		
	irnished at cost or (2) services of								
	mount of the charge and the un		isually	billed. If any rate	es are ch	arged on a vai	iable per-p	rogram basis,	
	nter only the letters "PP" in the Block 1: Give the standard rate		e cable	system for eacl	h of the s	annlicable serv	icas listad		
	Block 2: List any services that								
list	sted in block 1 and for which a s	separate charge	was n	nade or establish	ned. List	these other se	vices in th	e form of a	
bri	rief (two- or three-word) descrip	tion and include	the ra	te for each.			_		
		BLOC	K 1					BLOCK 2	
	ATEGORY OF SERVICE			ORY OF SERVI		RATE	CATEG	ORY OF SERVICE	RATE
	ontinuing Services:	''		tion: Non-resid	ential				
	Pay cable add'l channel	-		el, hotel nmercial					
	Pay cable—add'l channel Fire protection			nmerciai [,] cable					
	Burglar protection			cable-add'l chai	nnel				
	stallation: Residential			protection					
	• First set	-		glar protection					
	Additional set(s)	••••••		ervices:					
	• FM radio (if separate rate)			connect		_			
	• Converter			connect					
				let relocation		-			
				/e to new addres	s	-			

	2020/2			FO	RM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER C				SYSTEM ID
	CEQUEL COMMUNIC				06367
G Primary Transmitters: Television	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, V Column 3 : Indicate in eac educational station, by entu (for independent multicast) For the meaning of these t Column 4 : Give the location	entify every television station (including tr em 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 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-tin 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 L both on a substitute basis and also see page (v) of the general instructi ogram services such as HBO, ESP air designation. For example, repo rision station for broadcasting over tation, an independent station, or a or network multicast), "I" (for independent tetions in the paper SA1-2 form. the community to which the station	me basis under ims [sections tions carried on a stitute program .og)—if the on some other ons. N, etc. Identify each rt 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 S	TATION
	WFYI-1	20	E	INDIANAPOLIS, IN	
	WISH-1	8	N	INDIANAPOLIS, IN	
Rows as Necessary	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	

	MMUNICA							SYSTEM 0630
	every radio s	tation ca	rried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of r for detailed info paper 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. n is AM or FM. nal 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
					· · · · · · · · · · · · · · · · · · ·			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Period							FOR	
Name	LEGAL NAME OF OWNER OF O							SYSTEM ID# 063670
	SUBSTITUTE CARRIAGE	-	-			on. that your	cable svsten	n carried on a
Substitute	substitute basis during the ac explanation of the programm	ccounting pe	riod, under spe	cific present and former F	CC rules, regula	ations, or aut	horizations.	For a further
Carriage:	1. SPECIAL STATEMENT		NING SUBST	ITUTE CARRIAGE				
Special Statement and	 During the accounting period 	riod, did your	r cable system	carry, on a substitute ba	sis, any nonne	twork televis	ion prograr	
Program Log	broadcast by a distant stat	tion?					YES	× NO
	Note: If your answer is "No'	", leave the i	rest of this pag	je blank. If your answer is	s "Yes," you mu	ust complete	the progra	m
	log in block 2.							
	2. LOG OF SUBSTITUTE		-	ta lina. I laa ahbraviatian		aible if thei		
	In General: List each subst clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re	ice, please a of every nor distant stati gulations, or	add additional r nnetwork televi on and that yo r authorizations	rows to the tables. ision program ("substitute ur cable system substitut s. See page (v) of the ge	e program") tha ed for the prog neral instructio	at, during the ramming of ns for furthe	e accounting another sta r informatio) tion n.
	Do not use general categori "NBA Basketball: 76ers vs. Column 2: If the progran Column 3: Give the call s Column 4: Give the bree	Bulls." n was broad sign of the s	lcast live, ente station broadca	r "Yes." Otherwise enter Isting the substitute progr	'No." ·am.		,	
	Column 4: Give the broat the case of Mexican or Can Column 5: Give the mon first. Example: for May 7 give	nadian station oth and day v ve "5/7."	ns, if any, the o when your syst	community with which the tem carried the substitute	e station is ider e program. Use	ntified). e numerals, v	with the mo	
	Column 6: State the time to the nearest five minutes.							ely.
	stated as "6:00–6:30 p.m." Column 7: Enter the lette							
		and regulation	ons in effect du	ring the accounting perio	d; enter the let	ter "P" if the	listed progr	
	Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976.	and regulatic nming that ye SUBSTITUT	ons in effect du our system wa	ring the accounting perio s permitted to delete unc	d; enter the let ler FCC rules a WHE CARR	ter "P" if the and regulation	listed progr ons in TUTE JRRED	7. REASON FO
	Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976.	and regulation nming that yo	ons in effect du our system wa	ring the accounting perio s permitted to delete unc	d; enter the let ler FCC rules a WHE CARR 5. MONTH	ter "P" if the and regulation	listed progr ons in TUTE	am
	Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976.	BUBSTITUT	ons in effect du our system wa E PROGRAM 3. STATION'S	ring the accounting periods s permitted to delete unc	d; enter the let ler FCC rules a WHE CARR 5. MONTH	ter "P" if the and regulation EN SUBSTI IAGE OCCU	listed progr ons in TUTE JRRED IMES	am 7. REASON FO
	Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976.	BUBSTITUT	ons in effect du our system wa E PROGRAM 3. STATION'S	ring the accounting periods s permitted to delete unc	d; enter the let ler FCC rules a WHE CARR 5. MONTH	ter "P" if the and regulation EN SUBSTI IAGE OCCU	listed progr ons in TUTE JRRED IMES	am 7. REASON FO
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	Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976.	BUBSTITUT	ons in effect du our system wa E PROGRAM 3. STATION'S	ring the accounting periods s permitted to delete unc	d; enter the let ler FCC rules a WHE CARR 5. MONTH	ter "P" if the and regulation EN SUBSTI IAGE OCCU	listed progr ons in TUTE JRRED IMES	am 7. REASON FO
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	Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976.	BUBSTITUT	ons in effect du our system wa E PROGRAM 3. STATION'S	ring the accounting periods s permitted to delete unc	d; enter the let ler FCC rules a WHE CARR 5. MONTH	ter "P" if the and regulation EN SUBSTI IAGE OCCU	listed progr ons in TUTE JRRED IMES	7. REASON FO
	Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976.	BUBSTITUT	ons in effect du our system wa E PROGRAM 3. STATION'S	ring the accounting periods s permitted to delete unc	d; enter the let ler FCC rules a WHE CARR 5. MONTH	ter "P" if the and regulation EN SUBSTI IAGE OCCU	listed progr ons in TUTE JRRED IMES	am 7. REASON FOI

Accounting Period:	2020/2	FORM SA1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 063670
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter 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.	r the total of
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	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this 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	
	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	
	7. Multiply line 6 by .005 (enter figure here)	0.00
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,6	00)
	1. Enter the amount of gross receipts from space K \$ 2. Base amount under statutory formula \$ 3. Subtract line 2 from line 1	
	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 o See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mor	

Accounting Period:	020/2		FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC		SYSTEM ID# 063670
M Channels	CHANNELS Instructions: You must give (1) the number of channels on to its subscribers, and (2) the cable system's total number of 1. Enter the total number of channels on which the cable system carried television broadcast stations	activated channels during the accounting period.	7
	on which the cable system carried television broadcast sta and nonbroadcast services	ations	20
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMA we can contact about this statement of account.)	TION IS NEEDED (Identify an individual to whom	
for Further Information	Name RODNEY HASKINS	Telephone Telephone	(903) 579-3152
	Address 3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite num TYLER, TX 75701 (City, town, state, zip)	ber)	
	Email RODNEY.HASKINS@ALTIC	EUSA.COM Fax (optional	
O Certification	 (Agent of owner other than corporation or partner in line 1 of space B and that the owner is not a x (Officer or partner) I am an officer (if a corporation) in line 1 of space B. I have examined the statement of account and hereby declare tare true, complete, and correct to the best of my knowledge, in [18 U.S.C., Section 1001(1986)] 	, of the boxes.) n the owner of the cable system as identified in line 1 of space E ship) I am the duly authorized agent of the owner of the cable so corporation or partnership; or or a partner (if a partnership) of the legal entity identified as own under penalty of law that all statements of fact contained herein	ystem as identified
	Enter signature Typed or printed name: AL Title: SVP, PRO	using an "/s/ signature" (e.g., /s/ John Smith) AN DANNENBAUM GRAMMING on 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	063670
 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 - x	Interest Assessment
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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 <i>www.copyright.gov/licensing/interest-rate.pdf</i> . For further assistance please contact the Licensing Division at (202) 707-8150 or 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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