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	ENT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
	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
A	ACCOUNTING PERIOD COVERED E	Period 1 = January 1 - June 30	YY/(Period)) Period 2 = July 1 - December 31	-
Accounting Period	20202	Barcode Data Filing Period (optional	- see instructions)	
В	the subsidiary, not that of the parent corpo		ary of another corporation, give the full corpo	prate title of

В		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.
		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 sulte number)
		(Number, street, fural route, apartment, or suite number) TYLER, TX 75701
		(City, town, state, zip)
С		UCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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:
		MURPHYSBORO
		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.

E

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
	CEQUEL COMMUNICATIONS LLC	06377
D	Instructions: List each separate community served by the cable system. A "community" is t separate and distinct community or municipal entity (including unincorporated communitie unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home p	es within unincorporated areas and including single, discrete a form of system identification hereafter known as the "firs
Area Served	city.	aarks should be reported in parentneses below the identified
	CITY OR TOWN	STATE
First	(MURPHYSBORO LIFE SKILLS RE-ENTRY CENTER)	IL
Community	MURPHYSBORO	IL
ld Rows as Necessary		

									I-2E. PAGE
Name									TEM ID
	CEQUEL COMMUNICAT	IONS LLC							00077
-	SECONDARY TRANSMISSION	SERVICE: SUE	BSCRIE	BERS AND RATES	5				
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						linose exis	ung on the	
Service: Sub-	Number of Subscribers: Both						ble system	n, broken	
scribers and	down by categories of secondary			•					
Rates	each category by counting the n							s charged	
	separately for the particular serv Rate: Give the standard rate c							ge and the	
	unit in which it is generally billed.								
	category, but do not include disc	ounts allowed for	or adva	nce payment.					
	Block 1: In the left-hand block								
	systems most commonly provide								
	that applies to your system. Note categories, that person or entity			-		-			
	subscriber who pays extra for ca						•		
	first set" and would be counted o								
	Block 2: If your cable system I	-		•					
	printed in block 1 (for example, t						,,	, 0	
	with the number of subscribers a sufficient.	ind rates, in the	right-h	and block. A two- c	or three	e-word descript	ion of the s	service is	
		DCK 1					BLOC	<2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	PS	RATE	CATE	GORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:	CODOCINIDE			0/112			CODOCIVIDEINO	Totti
	Service to first set		0	-					
	Service to additional set(s)		0	0					
	• FM radio (if separate rate)								
	Motel, hotel								-
	Commercial		12	40.71					
	Converter								
	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 a	are ch	arged on a vari	able per-p	rogram basis,	
Secondary	enter only the letters "PP" in the				f the a	muliashla sami	aaa liatad		
Fransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							t were not	
Nates	listed in block 1 and for which a				•	•			
	brief (two- or three-word) descrip								
		BLOC	K 1					BLOCK 2	
	CATEGORY OF SERVICE			ORY OF SERVICE	=	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:	1	nstalla	tion: Non-residen	tial				
	• Pay cable	-	• Mot	el, hotel					
	• Pay cable—add'l channel	-	• Con	nmercial					
	Fire protection		• Pay	cable					
	 Burglar protection 		• Pay	cable-add'l channe	el				
	Installation: Residential		• Fire	protection					
	• First set	-	• Burg	glar protection					
	 Additional set(s) 	- (Other s	ervices:					
	• FM radio (if separate rate)		• Rec	onnect		-			
	• Converter		• Disc	connect					
			• Out	let relocation		-			
							L		· [· · · · · · · · · · · · · · · · · ·
			• Mov	ve to new address		-			

ounting Period: 2	2020/2			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF	- CABLE SYSTEM:		SYSTEM ID#
	CEQUEL COMMUNIC	ATIONS LLC		063778
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary ansmitters: Felevision	carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(c substitute program basis, as	entify every television station (including to 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 s explained in the next paragraph. :: With respect to any distant stations ca	(1) stations carried only on a part-tim e carriage of certain network program 1(e)(2) and (4))]; and (2) certain stati	ne basis under ms [sections ons carried on a
elevision	basis under specific FCC ru	ules, regulations, or authorizations: e in space G—but do list it in space I (th		
	• List the station here, and a basis. For further informatic Column 1: List each station	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-	see page (v) of the general instruction rogram services such as HBO, ESPN	ons. N, etc. Identify each
	"WETA-2" as the same on the Column 2: Give the channed of license. For example, W	5	vision station for broadcasting over th	he air in its community
	educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the locatio	ring the letter "N" (for network), "N-M" (f , "E" (for noncommercial educational), or prms, see page (iv) of the general instruct n of each station. For U.S. stations, list i dian stations, if any, give the name of th	for network multicast), "I" (for indeper r "E-M" (for noncommercial educatio ctions in the paper SA1-2 form. the community to which the station is	ndent), "I-M" nal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KBSI-1	23	I	CAPE GIRARDEAU, MO
	KFVS-1	12	N	CAPE GIRARDEAU, MO
Necessary	WPSD-1	6	N	PADUCAH, KY
	WSIL-1	3	N	HARRISBURG, IL

							SYSTEM I 0637
t every radio s	station ca						н
it is carried by monitoring, to prmation abour m. lentify the call tate whether t	y the sys be receint the Co sign of e the statio	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.	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	be expected, ated intervals. Istructions in the.	Primary Transmitters Radio
this by placing ive the station	g a check n's locatio	< mark in the "S/D" column. on (the community to which th	ne station is licens	ed by the FC			
AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
	NSMITTERS: t every radio s vhose signals ctions Concer it is carried by monitoring, to prmation abou rm. dentify the call tate whether t the radio stati this by placing sive the stations	DMMUNICATIONS NSMITTERS: RADIO t every radio station ca vhose signals were gen stions Concerning All it is carried by the sys monitoring, to be recei- formation about the Co rm. Jentify the call sign of e tate whether the station the radio station's sign this by placing a check sive the station's location adian stations, if any,	t every radio station carried on a separate and discrevences signals were generally receivable by your caber of the signals were generally receivable by your caber of the second station carriage: Under O it is carried by the system whenever it is received a monitoring, to be received at the headend, with the somation about the Copyright Office regulations on the formation about the Copyright Office regulations on the second station carried. The radio station's signal was electronically process this by placing a check mark in the "S/D" column. Sive the station's location (the community to which the radian stations, if any, the community with which the second stations is for the station is for the static is for the static is fo	NSMITTERS: RADIO t every radio station carried on a separate and discrete basis and list whose signals were generally receivable by your cable system during is ctions Concerning All-Band FM Carriage: Under Copyright Office re- it is carried by the system whenever it is received at the system's hear monitoring, to be received at the headend, with the system's FM ante ormation about the Copyright Office regulations on this point, see page rm. lentify the call sign of each station carried. tate whether the station is AM or FM. the radio station's signal was electronically processed by the cable sy this by placing a check mark in the "S/D" column. Sive the station's location (the community to which the station is licens hadian stations, if any, the community with which the station is identified	DMMUNICATIONS LLC NSMITTERS: RADIO t every radio station carried on a separate and discrete basis and list those FM stat whose signals were generally receivable by your cable system during the accounting ctions Concerning All-Band FM Carriage : Under Copyright Office regulations, an it is carried by the system whenever it is received at the system's headend, and (2 monitoring, to be received at the headend, with the system's FM antenna, during ce formation about the Copyright Office regulations on this point, see page (v) of the gar m. lentify the call sign of each station carried. tate whether the station is AM or FM. the radio station's signal was electronically processed by the cable system as a se this by placing a check mark in the "S/D" column. Sive the station's location (the community to which the station is licensed by the FCC radian stations, if any, the community with which the station is identified).	DMMUNICATIONS LLC NSMITTERS: RADIO t every radio station carried on a separate and discrete basis and list those FM stations car whose signals were generally receivable by your cable system during the accounting period ctions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM sign it is carried by the system whenever it is received at the system's headend, and (2) it can be monitoring, to be received at the headend, with the system's FM antenna, during certain state formation about the Copyright Office regulations on this point, see page (v) of the general in rm. Jentify the call sign of each station carried. tate whether the station is AM or FM. the radio station's signal was electronically processed by the cable system as a separate at this by placing a check mark in the "S/D" column. Sive the station's location (the community to which the station is licensed by the FCC or, in the adian stations, if any, the community with which the station is identified).	DMMUNICATIONS LLC NSMITTERS: RADIO t every radio station carried on a separate and discrete basis and list those FM stations carried on an whose signals were generally receivable by your cable system during the accounting period. Ctions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. formation about the Copyright Office regulations on this point, see page (v) of the general instructions in the. rm. lentify the call sign of each station carried. tate whether the station is AM or FM. the radio station's signal was electronically processed by the cable system as a separate and discrete this by placing a check mark in the "S/D" column. sive the station's location (the community to which the station is licensed by the FCC or, in the case of hadian stations, if any, the community with which the station is identified).

Accounting Perio							FOR	M SA1-2E. PAGE 5
Name	LEGAL NAME OF OWNER OF							SYSTEM ID# 063778
	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	C rules, regula	ations, or a	uthorizations.	For a further
Carriage:	1. SPECIAL STATEMENT	-			<u>g</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	<u>vision</u> progran	ı
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 '	ʻYes," you mu	ust comple	te the progra	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 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	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 ons, if any, the o when your syst e substitute pro a program carri- listed program ons in effect du	rows to the tables. sion program ("substitute jur cable system substitutes. See page (v) of the gene tball." List specific program r "Yes." Otherwise enter "N isting 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	brogram") 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	nsed by th nsed by th http://diffed. List the tin 28:30 p.m. our systen ter "P" if th	he accounting of another state er information ove Lucy" or e FCC or, in , with the more mes accurate should be in was <i>require</i> e listed progr	tion n. nth ly
	s	UBSTITUT	E PROGRAM		11	EN SUBST		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	SY	STEM ID# 063778
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 transmit (as identified in space E) during the accounting period. For a further explanation of how to compute this ar 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 nount, see	,000.00 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 3 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 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	\$	52.00 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		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) 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		0.00
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,6	600)	
	1. Enter the amount of gross receipts from space K	<u>1,319.00</u> 0.00	
	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	67.00
	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 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		DWNER OF CABLE SYSTEM: MUNICATIONS LLC				SYSTEM ID# 063778
M Channels	to its subscriber 1. Enter the tota system carrie 2. Enter the tota	rs, and (2) the cable system's to al number of channels on which ed television broadcast stations al number of activated channels	otal num n the cab s s		ounting period.	4
		cable system carried televisior		ast stations		40
N Individual to Be Contacted		D BE CONTACTED IF FURTH about this statement of accour		ORMATION IS NEEDED (Identify an indivi	idual to whom	
for Further Information	Name	RODNEY HASKINS			Telephone	(903) 579-3152
	Address	3027 S SE LOOP 323 (Number, street, rural route, apartm TYLER, TX 75701 (City, town, state, zip)	ient, or sui	te number)		
	Email	RODNEY.HASK	INS@A	LTICEUSA.COM	Fax (optional	
O Certification	I, the undersigned (Owned) (Agen X (Offic I have examined)	ed, hereby certify that (Check one or other than corporation or part t of owner other than corporat in line 1 of space B and that the er or partner) I am an officer (if in line 1 of space B. d the statement of account and he te, and correct to the best of my tion 1001(1986)]	e, but on Irtnershi ion or pr e owner is a corpor ereby de knowled X Enter an	tified and signed in accordance with Copy (y 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 le clare under penalty of law that all statements ge, information, and belief, and are made in /s/ Alan Dannenbaum electronic signature on the line above to certi- nature using an "/s/ signature" (e.g., /s/ John	lentified in line 1 of space E of the owner of the cable s egal entity identified as own is of fact contained herein in good faith.	ystem as identified
			SVP, I	ALAN DANNENBAUM		
		(Title	e of officia	position held in corporation or partnership)	2/25/2021	

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	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
QUEL COMMUNICATIONS LLC	06377
 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 Y ES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address	
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	0
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	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
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Line 1 Enter the amount of late payment or underpayment	Interest Assessment

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