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

		HT OFFICE USE ONLY	Return completed workbook by email to:
STATEMENT OF ACCOUNT for Secondary Transmissions by	DATE RECEIVED		
Cable Systems (Short Form)	DATE RECEIVED		coplicsoa@copyright.gov
General instructions are located	03/02/21	\$	For additional information, contact the U.S. Copyright Office Licensing Division at:
in the first tab of this workbook		ALLOCATION NUMBER	Tel: (202) 707-8150
A ACCOUNTING PERIOD COVERED E	Y THIS STATEMENT: (YY	YY/(Period))	
	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
2020/2			
20202	Barcode Data Filing Period (optional	- see instructions)	
Accounting			
Period			
Instructions:	scable system. If the owner is a subsid	iary of another corporation, give the full corpo	rato titlo of
<b>B</b> the subsidiary, not that of the parent corpo			
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	ccounting period, only the owner on th	e last day of the accounting period should subr	mit a single
statement of account and royalty fee paym			
Check here if this is the system's first filing.	If not, enter the system's ID number as	ssigned by the Licensing Division.	063780
LEGAL NAME OF OWNER/MAILING	ADDRESS OF CABLE SYSTEM		
CEQUEL COMMUNICATIONS LLC			
BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT)		
SUDDENLINK COMMUNICATIONS			

INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these

names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.

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 suffciency of the film, a determination that would be made by a court of law.

3027 S SE LOOP 323

TYLER, TX 75701 (City, town, state, zip)

HAGERSTOWN

(City, town, state, zip code)

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

IDENTIFICATION OF CABLE SYSTEM:

MAILING ADDRESS OF CABLE SYSTEM:

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

С

System

1

2

Name		SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC Instructions: List each separate community served by the cable system. A "community	063780
D	separate and distinct community or municipal entity (including unincorporated communicorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will see community." Please use it as the first community on all future filings.	nunities within unincorporated areas and including single, discrete rve as a form of system identification hereafter known as the "first
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h city.	ome parks should be reported in parentheses below the identified
	CITY OR TOWN	STATE
First	(ROXBURY CORRECTIONAL)	MD
Community	HAGERSTOWN	MD
dd Rows as Necessary		
Ju Rows as necessally		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						S	SA1-2E. PAG
Name	CEQUEL COMMUNICAT							-	0637
E	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	, , ,	,		,		those exis	ting on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						ble evetor	broken	
scribers and	down by categories of secondary	•						,	
Rates	each category by counting the n	umber of billings	in that	category (the	number c	f persons or or	ganizations		
	separately for the particular serv							as and the	
	Rate: Give the standard rate c unit in which it is generally billed.								
	category, but do not include disc				.,		o mani a		
	Block 1: In the left-hand block			0					
	systems most commonly provide that applies to your system. Note								
	categories, that person or entity			-		-			
	subscriber who pays extra for ca	ble service to ad	Iditiona	I sets would be	e includeo		•		
	first set" and would be counted o	0			• • •	a a m dia a that a m	different	fue we there a	
	Block 2: If your cable system I printed in block 1 (for example, ti	-		•					
	with the number of subscribers a					•	,	-	
	sufficient.								
	BLC	DCK 1 NO. OF					BLOCI	X 2     NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBER	RS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBER	s RAT
	Residential:								
	Service to first set		0	-					
	Service to additional set(s)		0	0					
	• FM radio (if separate rate)								
	Motel, hotel		100						
	Commercial		100	40.71					
	Converter     Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRAN	SMISS	IONS: RATES					
F	In General: Space F calls for rat	<b>`</b>	,	mation with res	nect to a	Il your cable av			
	not covered in space E, that is, t					, ,			
	service for a single fee. There are				ombinati	on with any sec	ondary tra	nsmission	
Services	service for a single fee. There ar furnished at cost or (2) services	e two exceptions	s: you d	lo not need to	ombinati give rate	on with any sec information cor	ondary trai icerning (1	nsmission ) services	
Other Than	furnished at cost or (2) services amount of the charge and the un	e two exceptions or facilities furnis hit in which it is u	s: you c shed to	lo not need to nonsubscribe	ombinati give rate s. Rate i	on with any sec information cor nformation shou	ondary tra icerning (1 ild include	nsmission ) services both the	
Other Than Secondary	furnished at cost or (2) services amount of the charge and the un enter only the letters "PP" in the	e two exceptions or facilities furnis it in which it is us rate column.	s: you o shed to sually b	lo not need to nonsubscribe billed. If any ra	ombinati give rate s. Rate i es are ch	on with any sec information cor nformation shou narged on a var	ondary tra icerning (1 ild include iable per-p	nsmission ) services both the	
Other Than	furnished at cost or (2) services amount of the charge and the un	e two exceptions or facilities furnis iit in which it is u rate column. e charged by the	s: you c shed to sually t e cable	lo not need to nonsubscribe billed. If any ra system for ea	combinati give rate rs. Rate i ces are ch ch of the	on with any sec information cor nformation shou narged on a var applicable servi	ondary tra acerning (1 Ild include iable per-p aces listed.	nsmission ) services both the rogram basis,	
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ounting Period: 2	2020/2			FORM S	A1-2E. PAGE
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		S	SYSTEM ID
	CEQUEL COMMUNIC	ATIONS LLC			06378
	PRIMARY TRANSMITTERS:	TELEVISION			
G	carried by your cable system FCC rules and regulations	entify every television station (including t m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th o(2) and (4) or 76,62 (referring to 76,62	(1) stations carried only on a part-till e carriage of certain network progra	me basis under Ims [sections	
Primary ransmitters:		e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph.	1(e)(2) and (4))]; and (2) certain star	lions carried on a	
Television	Substitute Basis Stations	: With respect to any distant stations ca	arried by your cable system on a sub	ostitute program	
	• Do <i>not</i> list the station her station was carried <i>only</i> on				
	basis. For further information <b>Column 1:</b> List each station	also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p	see page (v) of the general instructi rogram services such as HBO, ESP	ons. N, etc. Identify each	
	multicast stream associated "WETA-2" as the same on	d with a station according to its over-the	-air designation. For example, repo	rt multistream	
		the form. el number the FCC assigned to the tele	vision station for broadcasting over	the air in its community	
		RC is channel 4 in Washington, D.C.	e et al. 1. For on don't station and		
		n case whether the station is a network s ring the letter "N" (for network), "N-M" (i	•		
	(for independent multicast)	, "E" (for noncommercial educational), o	r "E-M" (for noncommercial education		
		erms, see page (iv) of the general instru on of each station. For U.S. stations, list		- Keenaad bu tha	
		on of each station. For U.S. stations, list dian stations, if any, give the name of th	,	5	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STAT	ION
	WDCW-1	50	I	WASHINGTON, DC	
	WDVM-1	25	I	HAGERSTOWN, MD	
Necessary	WJLA-1	7	N	WASHINGTON DC	
	WRC-1	4	N	WASHINGTON, DC	
	WTTG-1	5	I	WASHINGTON DC	
	WUSA-1	9	Ν	WASHINGTON DC	

EGAL NAME OF								SYSTEM I 0637
	every radio s	tation ca	nried 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 <b>Column 1:</b> Id <b>Column 2:</b> Si	it is carried by monitoring, to rrmation abou m. entify 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.	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 i <b>Column 4:</b> G	this by placing ive the statior	g a checl n's locati	nal was electronically process c mark in the "S/D" column. on (the community to which the 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 CEQUEL COMMUNICA							SYSTEM ID# 063780
I	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the ac	fy <i>every non</i> ccounting pe	network televis riod, under spe	<i>ion program,</i> broadcast by a cific present and former FC	C rules, regula	tions, or au	thorizations.	For a further
Substitute Carriage: Special Statement and Program Log	<ul> <li>explanation of the programm</li> <li><b>1.</b> SPECIAL STATEMENT</li> <li>During the accounting per broadcast by a distant stat</li> <li><b>Note:</b> If your answer is "No" log in block 2.</li> <li><b>2.</b> LOG OF SUBSTITUTE In General: List each substicear. If you need more spaced of the second state of the s</li></ul>	ing that mus CONCERI iod, did you tion? ", leave the <b>PROGRA</b> itute progra ce, please a of every nou distant stati gulations, o ies like "mo" Bulls." n was broad sign of the s adcast statica adian statio th and day re "5/7." es when the Example: a er "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 <b>ITUTE CARRIAGE</b> carry, on a substitute basi ge blank. If your answer is ' te line. Use abbreviations we rows to the tables. ision program ("substitute p ur cable system substitute p ur cable system substitute s. See page (v) of the gener stitual." List specific program r "Yes." Otherwise enter "N usting the substitute program the community to which the community with which the se tem carried the substitute p gram was carried by your of ed by a system from 6:01:"	general instru s, any nonnel Yes," you mu wherever pos orogram") tha d for the prog eral instruction n titles, for ex- lo." m. station is lice station is lice toogram. Use cable system. 15 p.m. to 6:2 mming that y	ictions in the work televi ist complete sible, if the t, during the ramming of ns for furthe ample, "I Lo nsed by the tified). numerals, List the tim 8:30 p.m. s our system	e paper SA1- sion program YES e the program ir meaning is e accounting f another state er information by ECC or, in with the more hould be was require	2 form. <b>X NO</b> m tion hth ly d
	to delete under FCC rules a was substituted for program effect on October 19, 1976.	nming that y		s permitted to delete unde	r FCC rules a		ons in	am 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	TIMES	DELETION
		·						
					······			

Accounting Period:	2020/2	FORM SA	1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SI	STEM ID# 063780
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	<b>,360.00</b> 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 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		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,	600)	
	1. Enter the amount of gross receipts from space K       \$       263,800.00         2. Base amount under statutory formula       \$       263,800.00         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:	2020/2			FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CAR CEQUEL COMMUNICATION			SYSTEM ID# 063780
<b>M</b> Channels	to its subscribers, and (2) the 1. Enter the total number of ch	cable system's total nun	els on which the cable system carried television broadcast station broadcast station broadcast station broadcast station be accounting period.	ns 
	2. Enter the total number of ac on which the cable system and nonbroadcast services	carried television broadd	ast stations	
N Individual to Be Contacted	INDIVIDUAL TO BE CONTAC we can contact about this stat		<b>DRMATION IS NEEDED</b> (Identify an individual to whom	
for Further Information	Name RODNEY	'HASKINS	Teleph	one (903) 579-3152
			ite number)	
	Email R	RODNEY.HASKINS@A	LTICEUSA.COM Fax (optional	
	CERTIFICATION (This statemer	nt of account must be ce	rtified and signed in accordance with Copyright Office regulation	s)
O Certification	• I, the undersigned, hereby certi	ify that (Check one, <i>but or</i>	ly one, of the boxes.)	
	(Owner other than c	corporation or partnersh	ip) I am the owner of the cable system as identified in line 1 of spa	ce B; or
			artnership) I am the duly authorized agent of the owner of the cat s not a corporation or partnership; or	le system as identified
	in line 1 of spa	ace B.	ration) or a partner (if a partnership) of the legal entity identified as	
		t to the best of my knowled	clare under penalty of law that all statements of fact contained her lge, information, and belief, and are made in good faith.	ein
			/s/ Alan Dannenbaum	_
			electronic signature on the line above to certify this statement. nature using an "/s/ signature" (e.g., /s/ John Smith)	
	т	Fyped or printed name:	ALAN DANNENBAUM	
	т		PROGRAMMING Il position held in corporation or partnership)	
	D	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	063780
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"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."</li> </ul> </li> <li>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.</li> <li>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?</li> <li>NO</li> <li>YES. Enter the total here and list the satellite carrier(s) below</li></ul>	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. 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 1 Enter the amount of late payment or underpayment	Interest Assessment
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