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.

MAILING ADDRESS OF CABLE SYSTEM:

(City, town, state, zip code)

2

## SA1-2E Short Form

STATEME	INT OF ACCOUNT	FOR COPYRIG	T OFFICE USE ONLY	Return completed workbook by email to:
for Seconda	ry Transmissions by	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
General instruc	ms (Short Form) ctions are located of this workbook	9/1/2020	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERED E	BY THIS STATEMENT: (Y)	/YY/(Period))	
	2020/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
	20201	Barcode Data Filing Period (optional	- see instructions)	
Accounting Period				
В	Instructions: Give the full legal name of the owner of th of the subsidiary, not that of the parent co		diary of another corporation, give the full corp	oorate title
Owner	List any other name or names under which	the owner conducts the business of the busines	he cable system.	
	If there were different owners during the a single statement of account and royalty fe		he last day of the accounting period should su ing period.	ıbmit ə
	Check here if this is the system's first filing	. If not, enter the system's ID number a	assigned by the Licensing Division.	063139
	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 3015 S SE LOOP 323	CABLE SYSTEM		
	(Number, street, rural route, apartment, or suite nu TYLER, TX 75701	umber)		
	(City, town, state, zip)			
С	<b>INSTRUCTIONS:</b> In line 1, give any busin names already appear in space B. In line 2		5	5
System	1 IDENTIFICATION OF CABLE SYSTEM: FLAMBEAU CORRECTION			

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

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 fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	063139
D	Instructions: List each separate community served by the cable system. A "c "a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th	rated communities within unincorporated areas and including single,
	as the "first community." Please use it as the first community on all future f Note: Entities and properties such as hotels, apartments, condominiums, or	
Area Served	identified city.	mobile nome parks should be reported in parentneses below the
	CITY OR TOWN	STATE
First	HAWKINS	WI
Community	(FLAMBEAU CORR)	
dd Rows as Necessary		

	LEGAL NAME OF OWNER OF C						FORM SA1	TEM IC
Name								06313
Е	SECONDARY TRANSMISSION				any transmission	onvice of t	ha aabla	
	In General: The information in s system, that is, the retransmission							
Secondary	about other services (including p							
Transmission	last day of the accounting period						C C	
Service: Sub-	Number of Subscribers: Bot	•				-		
scribers and Rates	down by categories of secondar each category by counting the n							
Rales	separately for the particular serv			5 5 (		,	chargeu	
	Rate: Give the standard rate of						je and the	
	unit in which it is generally billed	· ·	,		dard rate variation	s within a p	oarticular rate	
	category, but do not include disc							
	Block 1: In the left-hand block systems most commonly provide	•		U U	•			
	that applies to your system. Not							
	categories, that person or entity		-	•	-			
	subscriber who pays extra for ca					nder "Servi	ce to the	
	first set" and would be counted of							
	<b>Block 2:</b> If your cable system printed in block 1 (for example, t	-		•				
	with the number of subscribers a					,		
	sufficient.		o fight hand b					
	BLC	OCK 1				BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		ATE CA	TEGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RATI
	Residential:					-		
	Service to first set		0	-				
	Service to additional set(s)		0	-				
	• FM radio (if separate rate)							
	Motel, hotel							
	Commercial		11	40.71				
	Converter							
	Residential							
	Non-residential							
	SERVICES OTHER THAN SEC							
F	In General: Space F calls for ra							
I	not covered in space E, that is, t service for a single fee. There a							
Services	furnished at cost or (2) services		,	0		0()		
Other Than	amount of the charge and the ur							
Secondary	enter only the letters "PP" in the			-	-		-	
ransmissions:	Block 1: Give the standard rat							
Rates	Block 2: List any services that listed in block 1 and for which a	• •						
	brief (two- or three-word) description							
	CATEGORY OF SERVICE	BLO RATE		OF SERVICE	RATE	CATECO	BLOCK 2 DRY OF SERVICE	RATE
	Continuing Services:	NATE		Non-residential		CATEGO	DRT OF SERVICE	IVATE
	• Pay cable	_	Motel, hot					
	Pay cable—add'l channel	-	Commerce					
	• Fire protection		Pay cable					
	•Burglar protection			-add'l channel				
	Installation: Residential		• Fire prote					
			Burglar pr					
		_	Durgiui pi	010011011				
	• First set	-	Other service	es:				
	<ul><li>First set</li><li>Additional set(s)</li></ul>	- -	Other servic					
	<ul><li>First set</li><li>Additional set(s)</li><li>FM radio (if separate rate)</li></ul>		Reconnect	ct .				
	<ul><li>First set</li><li>Additional set(s)</li></ul>	-	• Reconnec • Disconne	ct				
	<ul><li>First set</li><li>Additional set(s)</li><li>FM radio (if separate rate)</li></ul>		Reconnece     Disconnece     Outlet rele	ct				

counting Period: 2	2020/1			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
Marrie	CEQUEL COMMUNIC	ATIONS LLC		063139
	PRIMARY TRANSMITTERS:			
<b>G</b> Primary	carried by your cable syster FCC rules and regulations i	n during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting t	I translator stations and low power tele of (1) stations carried only on a part-tir he carriage of certain network program 51(e)(2) and (4))]; and (2) certain station	ne basis under ns [sections
ansmitters: elevision	substitute program basis, as Substitute Basis Stations basis under specific FCC ru	s explained in the next paragraph. With respect to any distant stations c les, regulations, or authorizations:	arried by your cable system on a subs	stitute program
	station was carried only on	a substitute basis.	the Special Statement and Program Le	
	<b>Column 1:</b> List each station multicast stream associated	's call sign. <i>Do not</i> report origination with a station according to its over-th	, see page (v) of the general instructio program services such as HBO, ESP e-air designation. For example, repor	N, etc. Identify each
	of license. For example, W	I number the FCC assigned to the tele RC is channel 4 in Washington, D.C.	evision station for broadcasting over th	·
	educational station, by ente (for independent multicast),	ring the letter "N" (for network), "N-M" "E" (for noncommercial educational),	station, an independent station, or a r (for network multicast), "I" (for independent or "E-M" (for noncommercial education with the neuron 2014 of form	ndent), "I-M"
	Column 4: Give the location		uctions in the paper SA1-2 form. t the community to which the station is the community with which the station i	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WEAU-1	13	N	EAU CLAIRE, WI
	WHLA-1	31	Е	LACROSSE, WI
s as Necessary	WKBT-1	8	N	LACROSSE, WI
	WLAX-1	25	Ι	LACROSSE, WI
	WXOW-1	19	N	LACROSSE,WI

LEGAL NAME OF								SYSTEM 063
	every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
eccivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether to the radio stat this by placing vive the station	y the sys be recein to the Co sign of e the static ion's sign g a chech n's location	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante this point, see pa ed by the cable s he station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st jeneral ii eparate :	be expected, ated intervals. nstructions in the. and 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 Perio	od: 2020/1						FORM	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	ATIONS L	LC					063139
	SUBSTITUTE CARRIAG				G			
I I	In General: In space I, ident				-	tion that you	r ooblo ovo	tom carried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN						• •	
Special	During the accounting per	-			isis anv noni	network telev	vision proa	ram
Statement and		-		frouny, on a substitute be	1010, any 11011			
Program Log	broadcast by a distant sta	uon?					YES	× NO
	Note: If your answer is "No	", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you i	must comple	te the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI	E PROGRA	AMS					
	In General: List each subs				s wherever p	ossible, if the	eir meaning	g is
	clear. If you need more spa							
	period, was broadcast by a			vision program ("substitute				
	under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.	Bulls."						
				er "Yes." Otherwise enter				
				asting the substitute prog the community to which th		oonood by th	a ECC ar	in
	the case of Mexican or Car							
				stem carried the substitute			with the n	nonth
	first. Example: for May 7 gi		, ,		1 0			
				ogram was carried by you				ately
	to the nearest five minutes.	Example:	a program car	ried by a system from 6:01	1:15 p.m. to 6	6:28:30 p.m.	should be	
	stated as "6:00–6:30 p.m."	er "R" if the	listed program	n was substituted for prog	ramming tha	t vour systen	was reau	uired
	to delete under FCC rules							
	was substituted for program							-9.5
	effect on October 19, 1976							
						N SUBSTIT		7. REASON FOR
	5				-	AGE OCCU 6. TI		DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM -	- TO	
							-	
							-	
							-	
						_		
							-	
						_		
						_		
							-	
							-	
						_		
					·			
						_		
							-	
						_		

Accounting Period:	2020/1	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID#
		063139
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. End 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
	COPYRIGHT ROYALTY FEE	
L Copyright Royalty Fee	<ul> <li>Instructions: To compute the royalty fee you owe</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more information.</li> </ul>	263,80(
	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 thi accounting period is \$52.00	s six-month
	Line 1. Royalty fee for accounting period	\$ 52.00
	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	\$ 52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,10	0)
	1. Base amount under statutory formula \$ 263,800.00	
	2. Enter amount of gross receipts from space K	
	3. Subtract line 2 from line 1	
	4. Enter the amount of gross receipts from space K	
	5. Enter the amount from line 3	
	6. Subtract line 5 from line 4	
	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	
	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	
	4. Multiply line 3 by .01	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00
	6. Interest charge. Enter the amount from line 4, space Q, page 8	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	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	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 more	

Accounting Period:	2020/1		FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM CEQUEL COMMUNICATIONS LLC	1:	SYSTEM ID# 063139
<b>M</b> Channels	<ul> <li>to its subscribers, and (2) the cable system</li> <li>1. Enter the total number of channels on w system carried television broadcast statio</li> <li>2. Enter the total number of activated chan on which the cable system carried television</li> </ul>	ns	5 9
N Individual to Be Contacted	we can contact about this statement of acc		
for Further Information	Name         RODNEY HASKIN           Address         3015 S SE LOOP 3	323	(903) 579-3152
	(Number, street, rural route, a TYLER, TX 75701 (City, town, state, zip)	partment, or suite number)	
	Email RODNEY.H.	ASKINS@ALTICEUSA.COM Fax (optional)	
O Certification	<ul> <li>I, the undersigned, hereby certify that (Chere         (Owner other than corporation of         (Agent of owner other than corporation of         in line 1 of space B and that th         X         (Officer or partner) I am an office         in line 1 of space B.</li> <li>I have examined the statement of account a     </li> </ul>	t must be certified and signed in accordance with Copyright Office regulations) ck one, <i>but only one</i> , of the boxes.) or partnership) I am the owner of the cable system as identified in line 1 of space I poration or partnership) I am the duly authorized agent of the owner of the cable s ne owner is not a corporation or partnership; or er (if a corporation) or a partner (if a partnership) of the legal entity identified as ow and hereby declare under penalty of law that all statements of fact contained herein i my knowledge, information, and belief, and are made in good faith.	system as identified vner of the cable system
	Typed or prir Title: (Title	Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Inted name: ALAN DANNENBAUM SVP, PROGRAMMING of official position held in corporation or partnership)	
	Date:	8/14/2020	

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ounting Period: 2020/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
QUEL COMMUNICATIONS LLC	06313
<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>X 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     Name       Mailing Address     Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	•
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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	
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