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

063040

STATEMENT OF ACCOUNT	FOR COPYRIG	Return completed workbook by email to:		
for Secondary Transmissions by Cable Systems (Short Form) General instructions are located in the first tab of this workbook	DATE RECEIVED	AMOUNT \$ ALLOCATION NUMBER	<u>coplicsoa@copyright.gov</u> For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150	
A ACCOUNTING PERIOD COVERED	BY 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 - s	ee instructions)
Instructions: Give the full legal name of the owner of th	e cable system. If the owner is a subsidian	of another corporation, give the full corporate title of

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

the subsidiary, not that of the parent corporation.

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)

	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.								
System	4	IDENTIFICATION OF CABLE SYSTEM:							
	Ĩ	LAUREL HIGHLANDS STATE CORRECTIONAL INSTITUTION							
		MAILING ADDRESS OF CABLE SYSTEM:							
	2	(Number, street, rural route, apartment, or suite number)							

(City, town, state, zip code)

Accounting Period

В

Owner

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News	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID				
Name	CEQUEL COMMUNICATIONS LLC	06304				
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discret unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified					
Area Served	city.	home parks should be reported in parentheses below the identifie				
	CITY OR TOWN	STATE				
First	SOMERSET	PA				
Community	(LAUREL HIGHLANDS SCI)					
dd Rows as Necessary						

	LEGAL NAME OF OWNER OF CABLE SYSTEM:								TEM ID	
Name	CEQUEL COMMUNICAT									
		055)//05.005								
E	SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES In General: The information in space E should cover all categories of secondary transmission service of the cable									
	system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information									
Secondary		about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the								
Transmission	last day of the accounting period Number of Subscribers: Both						hla avatam	brokon		
Service: Sub- scribers and	down by categories of secondary							,		
Rates	each category by counting the n	•		•		•				
	separately for the particular serv	ice at the rate in	ndicate	d-not the numbe	r of set	s receiving serv	/ice).	-		
	Rate: Give the standard rate c									
	unit in which it is generally billed. category, but do not include disc				standai	d rate variation	s within a	particular rate		
	Block 1: In the left-hand block				of sec	ondary transmis	ssion servi	ce that cable		
	systems most commonly provide	•		Ũ						
	that applies to your system. Note			-		-				
	categories, that person or entity						•			
	subscriber who pays extra for ca first set" and would be counted o					in the count ur	ider "Servi	ce to the		
	Block 2: If your cable system I	0			· · ·	service that are	e different	from those		
	printed in block 1 (for example, t	-		•						
	with the number of subscribers a	and rates, in the	right-h	and block. A two-	or thre	e-word descript	ion of the s	service is		
	sufficient.	DCK 1					BLOC	()		
		NO. OF					BLUC	NO. OF		
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CATE	GORY OF SE	RVICE	SUBSCRIBERS	RATE	
	Residential:									
	Service to first set		0							
	 Service to additional set(s) 		0	0						
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial		300	40.71						
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRAN	ISMISS	IONS: RATES						
F	In General: Space F calls for rat	te (not subscribe	er) infor	mation with respe	ect to a	l your cable sys	stem's serv	vices that were		
F	not covered in space E, that is, t					,	,			
Services	service for a single fee. There ar furnished at cost or (2) services									
Other Than	amount of the charge and the un									
Secondary	enter only the letters "PP" in the	rate column.		-		-		· · g ,		
Fransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.									
Rates	Block 2: List any services that your cable system furnished or offered during the accounting period that were not									
	listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.									
	CATEGORY OF SERVICE	BLOC RATE C		ORY OF SERVIC	F	RATE	CATEG	BLOCK 2 ORY OF SERVICE	RATE	
	Continuing Services:			tion: Non-reside		TUTE	0,1120		TUTE	
	• Pay cable	-	• Mot	el, hotel						
	• Pay cable—add'l channel	-		nmercial						
	• Fire protection			cable						
	•Burglar protection			cable-add'l chani	nel					
	Installation: Residential			protection						
	• First set	-		glar protection						
	Additional set(s)	- 0		ervices:						
	• FM radio (if separate rate)			onnect		_				
	• Converter			connect						
			• Out	et relocation		_				
				et relocation ve to new address		-				

nting Period: 2				FORI				
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:			SYSTEM ID#			
	CEQUEL COMMUNIC	ATIONS LLC			063040			
	PRIMARY TRANSMITTERS:	TELEVISION						
G Primary Insmitters: elevision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do <i>not</i> list the station her station was carried <i>only</i> or	entify every television station (including transmitting 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. So 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 I	 stations carried only on a part-tile carriage of certain network progra (e)(2) and (4))]; and (2) certain statistical ried by your cable system on a sub Special Statement and Program I 	me basis under ams [sections tions carried on a ostitute program _og)—if the				
	basis. For further informati Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W	on concerning substitute basis stations, s on's call sign. <i>Do not</i> report origination pro- ed with a station according to its over-the- the form. hel number the FCC assigned to the televion VRC is channel 4 in Washington, D.C.	ee page (v) of the general instructi ogram services such as HBO, ESF air designation. For example, repo ision station for broadcasting over	ions. PN, etc. Identify each ort multistream the air in its community				
	Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form. Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.							
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF ST	ATION			
	WATM-1	23	N	ALTOONA, PA				
	WJAC-1	6	N	JOHNSTOWN, PA				
s as Necessary	WKBS-1	47	I	ALTOONA, PA				
	WPCW-1	19	I	PITTSBURGH, PA				
	WPSU-1	3	E	CLEARFIELD, PA				
	WTAJ-1	10		······				
			N	ALTOONA, PA				
	WWCP-1	8	N I	ALTOONA, PA JOHNSTOWN, PA				
	WWCP-1							
	WWCP-1							

EGAL NAME OF								SYSTEM I 0630
	every radio s	tation ca	rried 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 Column 1: Id Column 2: 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 Column 4: G	this by placing ive the statior	g a checl n's locati	nal was electronically process < mark in the "S/D" column. on (the community to which th the community with which the	ne station is licens	ed by the FC0			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
ON LE OION		0,0				0,0		

Accounting Perio							FOR	M SA1-2E. PAGE 5		
Name	LEGAL NAME OF OWNER OF O							SYSTEM ID# 063040		
	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a									
Substitute	substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.									
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBST	ITUTE CARRIAGE						
Special Statement and	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program									
Program Log	broadcast by a distant stat	ion?				L	YES	× NO		
	Note: If your answer is "No"	', leave the	rest of this pag	e blank. If your answer is	"Yes," you mu	ust complete	e the progra	m		
	log in block 2.									
	2. LOG OF SUBSTITUTE In General: List each subst		-	ta lina. Llao abbraviationa	whorever per	aible if the	ir mooning is			
	clear. If you need more spar Column 1: Give the title of period, was broadcast by a under certain FCC rules, reg Do not use general categori "NBA Basketball: 76ers vs.	ce, please a of every nor distant stati gulations, o ies like "mo Bulls."	add additional r nnetwork televi on and that you r authorizations vies" or "baske	rows to the tables. ision program ("substitute ur cable system substitute s. See page (v) of the gene tball." List specific program	program") tha d for the prog eral instruction n titles, for ex	it, during the ramming of ns for furthe	e accounting f another sta er informatio) tion n.		
	Column 3: Give the call s Column 4: Give the broa the case of Mexican or Can Column 5: Give the mon first. Example: for May 7 giv Column 6: State the time	sign of the s idcast static adian statio th and day re "5/7." es when the	station broadca n's location (th ns, if any, the o when your syst	tem carried the substitute	m. station is lice station is ider program. Use cable system.	tified). numerals, . List the tim	with the mon			
	to delete under FCC rules a was substituted for program	er "R" if the ind regulation iming that y	listed program	was substituted for progra ring the accounting period	imming that y ; enter the let	our system ter "P" if the	was <i>require</i> listed progr			
	effect on October 19, 1976.	WHEN SUBSTITUTE CARRIAGE OCCURRED 7. REA			7. REASON FO					
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. 1 FROM	rimes — 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	S	/STEM ID# 063040
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	3,296.58 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 \$A1-2 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) . 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,	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:	2020/2					FORM SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM: MUNICATIONS LLC				SYSTEM ID# 063040
M Channels	to its subscriber 1. Enter the tota system carrie 2. Enter the tota	s, and (2) the cable system's to Il number of channels on which	otal numb		unting period.	7
		-				45
N Individual to Be Contacted		BE CONTACTED IF FURTHE about this statement of account		RMATION IS NEEDED (Identify an individ	dual to whom	
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	INS@AL	TICEUSA.COM F	ax (optional	
O Certification		(This statement of account mus		ied and signed in accordance with Copyr <i>one</i> , of the boxes.)	right Office regulations)	
	(Owne	r other than corporation or par	rtnership	I am the owner of the cable system as ide	entified in line 1 of space E	3; or
				tnership) I am the duly authorized agent o not a corporation or partnership; or	of the owner of the cable s	ystem as identified
		er or partner) I am an officer (if a in line 1 of space B.	a corpora	tion) or a partner (if a partnership) of the leg	gal entity identified as owr	ner of the cable system
		te, and correct to the best of my l	-	are under penalty of law that all statements e, information, and belief, and are made in s		
			Enter an el	/s/ Alan Dannenbaum ectronic signature on the line above to certif iture using an "/s/ signature" (e.g., /s/ John S		
		Typed or printed n	name:	ALAN DANNENBAUM		
				ROGRAMMING osition held in corporation or partnership)		
		Date:			2/25/2021	

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	FORM SA1-2E. PAGE 8.
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
QUEL COMMUNICATIONS LLC	063040
 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	
INTEREST ASSESSMENT 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	Interest Assessment
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
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_ Interest Assessment
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