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	ATEMENT OF ACCOUNT Secondary Transmissions by		FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:		
-			DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov		
Cable Syste	ctions	are located	03/02/21	\$	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150		
in the first tab	of this	workbook		ALLOCATION NUMBER			
A	ACC	DUNTING PERIOD COVERED E	Y THIS STATEMENT: (Y)	(YY/(Period))			
		2020/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31			
		20202	Barcode Data Filing Period (optiona	al - see instructions)			
Accounting Period							
В		Instructions: Give the full legal name of the owner of the the subsidiary, not that of the parent corpo		diary of another corporation, give the full cor	porate title of		
Owner		List any other name or names under which	the owner conducts the business of th	ne cable system.			
		If there were different owners during the a statement of account and royalty fee paym		the last day of the accounting period should suriod.	ubmit a single		
		Check here if this is the system's first filing.	If not, enter the system's ID number a	assigned by the Licensing Division.	063267		
	<u> </u>	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 nu	imber)				
		TYLER, TX 75701					
		(City, town, state, zip)	ass or trade names used to ide	ntify the business and operation of the	a system unless these		
C				he system, if different from the address			
System	1	IDENTIFICATION OF CABLE SYSTEM:					
		CASA GRADE TRANSITION MAILING ADDRESS OF CABLE SYSTEM:					
		The Abbridge of CABLE OF OTEM.					
	2	(Number, street, rural route, apartment, or suite nu	imber)				

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.

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

(City, town, state, zip code)

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC Instructions: List each separate community served by the cable system. A "comm	063267
D	separate and distinct community or municipal entity (including unincorporated or unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list wil community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobi	ommunities within unincorporated areas and including single, discrete I serve as a form of system identification hereafter known as the "first
Area Served	city.	
	CITY OR TOWN	STATE
First	LAS VEGAS	NV
Community	(CASA GRADE TRANS)	
dd Rows as Necessary		
u rows as necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						SY	STEM IC
Name									06326
Е	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								
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						hla avatam	brokon	
scribers and	down by categories of secondary	•					,	,	
Rates	each category by counting the n	•		•		•			
	separately for the particular serv							we and the	
	Rate: Give the standard rate c unit in which it is generally billed								
	category, but do not include disc				ly standa		o within a		
	Block 1: In the left-hand block	•		•					
	systems most commonly provide that applies to your system. Not							0,	
	categories, that person or entity			-		-			
	subscriber who pays extra for ca						•		
	first set" and would be counted o	U U			· · ·			f	
	Block 2: If your cable system printed in block 1 (for example, t	-		•					
	with the number of subscribers a					•	,	-	
	sufficient.			T		-			
	BLC	DCK 1 NO. OF					BLOCH	< 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBER	s	RATE	CAT	EGORY 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		22	40.71					
	Converter								
	Residential Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRAN	SMISS	ONS: RATES					
F	In General: Space F calls for rat	(,			Il your cable sys			
•	not covered in space E, that is, t service for a single fee. There ar	hose services th		not offered in (omhinati			nemieeinn	
		e two excentions	s. NUIL C	o not need to		,	,		
Services	furnished at cost or (2) services				give rate	information con	cerning (1) services	
Other Than	furnished at cost or (2) services amount of the charge and the ur	or facilities furnis	shed to	nonsubscribe	give rate rs. Rate ir	information con	cerning (1 Ild include) services both the	
Other Than Secondary	furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the	or facilities furnis hit in which it is u rate column.	shed to sually b	nonsubscribe villed. If any ra	give rate rs. Rate ir tes are ch	information con nformation shou narged on a vari	cerning (1 Id include able per-p) services both the	
Other Than	furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1 : Give the standard rat	or facilities furnis hit in which it is u rate column te charged by the	shed to sually t e cable	nonsubscribe villed. If any ra system for ea	give rate rs. Rate ir tes are ch ch of the	information con nformation shou narged on a vari applicable servi	cerning (1 Id include able per-p ces listed.) services both the rogram basis,	
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Other Than Secondary Fransmissions:	furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1 : Give the standard rat Block 2 : List any services that	or facilities furnis nit in which it is u rate column. te charged by the t your cable syste separate charge	shed to sually b e cable em furn was m	nonsubscribe illed. If any ra system for ea ished or offer ade or establis	give rate rs. Rate in tes are ch ch of the ed during	information con nformation shou narged on a vari applicable servi the accounting	cerning (1 Id include able per-p ces listed. period that) services both the rogram basis, t were not	
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Name	LEGAL MARE OF OWNER O			
		OF CABLE SYSTEM:		SYSTEM I
	CEQUEL COMMUNIC			0632
G Primary ransmitters: 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 ent (for independent multicast For the meaning of these t Column 4: Give the location	also in space I, if the station was carried I ion 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-a	I) stations carried only on a part-tic carriage of certain network prograe)(2) and (4))]; and (2) certain statistical by your cable system on a substitute basis and also be page (v) of the general instruct orgram services such as HBO, ESF ar designation. For example, reportion station for broadcasting over ation, an independent station, or a retwork multicast), "I" (for indep "E-M" (for noncommercial educations in the paper SA1-2 form.	me basis under ams [sections tions carried on a bostitute program Log)—if the o on some other ions. PN, etc. Identify each ort 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 STATION
	KINC-1	15	I	LAS VEGAS, NV
	KLAS-1	8	N	LAS VEGAS, NV
Rows as Necessary	KLVX-1	10	Е	LAS VEGAS, NV
	KSNV-1	3	N	
		-	14	LAS VEGAS, NV
	KTNV-1	13	N	LAS VEGAS, NV LAS VEGAS, NV
	KTNV-1	13		LAS VEGAS, NV

EGAL NAME OF								SYSTEM I 0632
	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 for detailed info aper SA1-2 for Column 1: Id Column 2: Si Column 3: If	it is carried by monitoring, to mation abou m. entify the call tate whether t the radio stati	y the sys be receint the Co sign of e he station	-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	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
Column 4: G	ive the station	n's locati	< mark in the "S/D" column. on (the community to which th the community with which the			C or, in t	he case of	
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 O							SYSTEM ID# 063267	
	SUBSTITUTE CARRIAGE In General: In space I, identii substitute basis during the ac	fy every non	network televis	<i>ion program,</i> broadcast by a	a <i>distant</i> statio				
Substitute Carriage: Special Statement and Program Log	 explanation of the programmi 1. SPECIAL STATEMENT During the accounting peribroadcast by a distant stat Note: If your answer is "No" log in block 2. 2. LOG OF SUBSTITUTE In General: List each substiclear. If you need more space Column 1: Give the title of period, was broadcast by a under certain FCC rules, reported, was broadcast by a under certain FCC rules, reported, was broadcast by a under certain FCC rules, reported and the case of Mexican or Calumn 2: If the program Column 3: Give the broat the case of Mexican or Canut Column 5: Give the mon first. Example: for May 7 give to the nearest five minutes. stated as "6:00–6:30 p.m." 	ng that mus CONCER od, did you ion? ', leave the PROGRA itute progra ce, please a of every nor distant stati gulations, o es like "mo" Bulls." n was broad sign of the s dcast static adian statio th and day 'e "5/7." as when the Example: a	t be included in NING SUBST r cable system rest of this pag MS m on a separa add additional r nnetwork televi on and that yo r authorizations vies" or "baske tation broadca in's location (th ns, if any, the of when your syst substitute pro program carrie	this log, see page (v) of the ITUTE CARRIAGE carry, on a substitute bas ge blank. If your answer is te line. Use abbreviations rows to the tables. ision program ("substitute ur cable system substitute s. See page (v) of the gene tabl." List specific program r "Yes." Otherwise enter "N usting the substitute progra the community to which the community with which the tem carried the substitute gram was carried by your ed by a system from 6:01:	s, any nonne "Yes," you mu "Yes," you mu wherever pos program") that d for the prog- eral instruction n titles, for ex- lo." m. station is licer station is licer program. User cable system. 15 p.m. to 6:2	uctions in the twork televis ust complete sible, if their ast, during the ramming of ns for further ample, "I Lo nsed by the tiffied). numerals, w List the tim. 8:30 p.m. st	paper SA1- ion program YES the program meaning is accounting another star information ve Lucy" or FCC or, in with the more es accurate hould be	2 form. n X NO m s tion n. hth	
	Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976. WHEN SUBSTITUTE PROGRAM WHEN SUBSTITUTE CARRIAGE OCCURRED 7. REJ								
	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 -	IMES — TO	DELETION	
							_		

Accounting Period:	2020/2	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 063267
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.	ssion service
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 \$20 • 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	63,800
	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 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	
	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	600)
	1. Enter the amount of gross receipts from space K \$ 2. Base amount under statutory formula \$ 3. Subtract line 2 from line 1 4 4. Multiply line 3 by .01 5 5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) \$ 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	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	<u>52.00</u> 15.00
		\$ 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 of See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more set of the general instructions in the paper SA1-2 form and the Excel instructions tab for more set of the general instructions in the paper SA1-2 form and the Excel instructions tab for more set of the general instructions in the paper SA1-2 form and the Excel instructions tab for more set of the general instructions in the paper SA1-2 form and the Excel instructions tab for more set of the general instructions in the paper SA1-2 form and the Excel instructions tab for more set of the general instructions in the paper SA1-2 form and the Excel instructions tab for more set of the general instructions in the paper SA1-2 form and the Excel instructions tab for more set of the general instructions in the paper SA1-2 form and the Excel instructions tab for more set of the general instructions in the paper SA1-2 form and the Excel instructions tab for more set of the general instructions in the paper SA1-2 form and the Excel instructions tab for more set of the general instructions in the paper SA1-2 form and the Excel instructions tab for more set of the general instructions in the paper set of the general instructions in the paper SA1-2 form and the Excel instructions tab for more set of the general instructions in the paper set of the general instruct	

Accounting Period:	2020/2					FORM SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM: MUNICATIONS LLC				SYSTEM ID# 063267
M Channels	to its subscriber 1. Enter the tota system carrie	s, and (2) the cable system's to I number of channels on which	otal numl	s on which the cable system carried televis ber of activated channels during the accour e	nting period.	7
		cable system carried television		st stations		20
N Individual to Be Contacted		BE CONTACTED IF FURTHE about this statement of account		RMATION IS NEEDED (Identify an individu	ual 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 suit	e number)		
	Email	RODNEY.HASKI	INS@AL	TICEUSA.COM Fa	ax (optional	
O Certification	I, the undersigne (Owne (Agent	d, hereby certify that (Check one r other than corporation or par of owner other than corporati in line 1 of space B and that the	e, <i>but onl</i> artnership ion or pa owner is	ified and signed in accordance with Copyrig <i>r one</i> , of the boxes.) (a) I am the owner of the cable system as iden rtnership) I am the duly authorized agent of not a corporation or partnership; or tition) or a partner (if a partnership) of the lega	ntified in line 1 of space E the owner of the cable s	ystem as identified
	• I have examined	te, and correct to the best of my		lare under penalty of law that all statements o ge, information, and belief, and are made in g		
				/s/ Alan Dannenbaum electronic signature on the line above to certify ature using an "/s/ signature" (e.g., /s/ John Sr		
		Typed or printed r	name:	ALAN DANNENBAUM		
				PROGRAMMING position 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	063267
 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 Name Mailing Address 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.	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
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
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x	Interest Assessment
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